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ABSTRACT

This curriculum guide, one of nine sequential manuals for elementary and secondary teachers and administrators, is designed to prevent drug misuse and abuse through activities for developing students' cognitive and affective skills. The materials emphasize the involvement of parents and community members and resources in implementing drug abuse prevention programs. The development of self-image and positive self-concept, communication skills, and coping skills comprise the three components of an affective model upon which this guide is based. The introductory section provides background information, e.g., curriculum evaluation, facilitator instructions, a topical outline of the curriculum, teaching methods, characteristics of early and late childhood, and an activity index. The format of the instructional units section consists of concepts, learning objectives and activities, and teacher information and resources. A preliminary materials list, worksheets, and illustrations are also included for each unit. Activities for the first grade level focus on: (1) self-image and communication skills; (2) responsibility for feelings and actions; and (3) healthy decision-making. The 14 appendices provide references on teaching methods, agencies, resources, packaged programs for health and drug education, materials of special interest to minority groups, and a chart of alternatives to drug use. (KMF)

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HEALTH EDUCATION: SUBSTANCE ABUSE PREVENTION

DRUG EDUCATION CURRICULUM

GRADE ONE

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FOREWORD

This new Drug Education Curriculum Guide is one of nine separate documents - one for each elementary grade level, K-6, one for junior high, and one for senior high. The curriculum is intended for use in all of the schools, public and nonpublic, in New York State. It was developed as a direct result of the Board of Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools. The Plan was adopted by the Board in May 1979 in response to the problems of substance abuse which have and continue to be of great concern in our society.

The Curriculum provides school administrators, Health and Drug Coordinators and teachers with direct assistance in meeting the requirements of New York State Statute Chapter 982, 1977 (Education Law, Section 804) and insuring compliance with the Regulations of the Commissioner of Education, particularly Sections 135.1 and 135.3.

A cooperative school/community relationship is essential to the development of a comprehensive drug education program in which this new curriculum can be the foundation piece. While the curriculum can be implemented without extensive inservice education, an orientation workshop would be helpful and is recommended. The actual use of the curriculum will in itself be an inservice experience for the teachers.

It is generally acknowledged that the cost of substance abuse in our nation is enormous. A recent report of the U.S. Office of Drug Abuse Prevention estimates our annual cost to be: alcohol - \$42.7 billion, tobacco - \$25 billion, and drug abuse - \$10.3 billion. While a large portion of these costs are appropriately targeted for treatment and rehabilitation, it is very important to focus more attention on the implementation of primary prevention programs. The logic of effective primary prevention as a means of reducing the costs of rehabilitation and treatment would seem to be self-evident; yet it is unfortunately often overlooked in assigning funds for the development and implementation of programs. While it is, and should be, a matter of priority that the afflicted receive our first attention, many of those not afflicted, if neglected, may soon join them. A majority of students in our schools today need help in acquiring some of the attitudes and skills included in this curriculum to enable them to be responsible for using substances wisely to maintain health.

In addition to this Drug Education Curriculum, the Bureau of Drug Education has prepared other supportive curricula and documents. These include: Alcohol Education Curriculum, Tobacco Education Curriculum, Elementary and Secondary Annotated Resource Guides and School Smoking and Drug Policy Guidelines. School authorities can obtain copies of these materials by writing to: Bureau of Drug Education, 960 EBA, Albany, NY 12234.

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THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM

THE SCHOOL'S ROLE

Drugs are a part of everyday life in our society, and drugs and drug paraphernalia may usually be obtained by those who wish to use them. While there are many ways to approach the problem of drug misuse and abuse - through legislation; incarceration; controls on growing, manufacturing and marketing; increased supervision of young people, etc. - clearly the most effective approach is to remove the self-destructive and/or misdirected motivations of people who engage in drug misuse and abuse behavior.

While schools cannot achieve this goal alone, they can help lead the way. School drug education programs can promote and direct positive motivations in children through the integration of knowledge with affective skills development; also, schools are perhaps uniquely able to serve as catalysts for bringing communities together for a cooperative effort in a supportive environment.

As a cooperative school-community program progresses, participants will become aware that their efforts are not only leading them to make an impact on the problem of drug abuse among youngsters, but they are also producing healthy side-effects. These side effects have far-reaching implications for overall health, school achievement, improved attendance and reduced vandalism and delinquency. A new sense of pride and purpose grows among all those involved in, and affected by, the program.

SCHOOL RESPONSIBILITIES

All schools have several basic responsibilities for drug abuse prevention programs, as outlined by Education Law, Section 804, Commissioner's Regulations as they apply to all of Health Education, and the Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools. These include:

1. To provide all students, K-12, with an instructional program designed to develop the attitudes and skills required to make healthy decisions.
2. To involve students in activities that contribute to their sense of self-worth.
3. To insure that the instructional program is conducted by teachers with adequate preparation who provide healthy models for their students.
4. To integrate learning with related subject areas in a manner supportive of program objectives.
5. To coordinate in-school programs - education and service - for more effective drug abuse prevention.
6. To coordinate school programs with those offered by the community, cooperate with community agencies and utilize community resources to reinforce learning in both settings (school and community).
7. To develop, for general publication, written policies and procedures for handling all drug-related situations which may occur on school property. These policies and procedures should emphasize: 1) referral processes that

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM, CONT'D

demonstrate a desire to help and rehabilitate students and faculty with drug-related problems and 2) "due process" for students or staff members charged with violations of school policies or laws.

8. To involve parents, students, community agency professionals and community leaders along with school staff in planning program policies and reviewing or participating in other aspects of the program.

OBTAINING SUPPORT FOR PROGRAM IMPLEMENTATION

Basic to the success of the school drug abuse prevention program is the support obtained from the school board, administration, parents, and the community at large. Where to begin is a judgment best made locally. Some suggestions regarding what to begin with may help you decide the most productive route in your district or school. Before you start, it is suggested that you have:

1. A clear understanding of the school's role in preventing substance misuse and abuse and of effective teaching methods for meeting this goal (e.g., an emphasis on positive self-concept and the development of life skills, with drug information presented within the context of affective objectives).
2. Statistics from recent surveys regarding drug misuse and abuse among youngsters on national, state and local (if available) levels.
3. A list of key people in the community whom you believe will be supportive.
4. Support from community agencies and experts. (It is a good idea to call or visit the March of Dimes, Council on Alcoholism, Community Mental Health Center, Drug Abuse Council and/or County Health Department, for example.)
5. A list of community, state and federal resources that can be used in the program. (See chart, p. x, for ideas.)
6. Ideas for promoting cooperative efforts to meet needs and fill possible deficiencies.

PARENT AND COMMUNITY INVOLVEMENT

In a society such as ours, where young people are frequently encouraged to be independent and to make their own decisions, it is imperative that the school, the home, and the community cooperate in providing consistent and supportive policies, leadership and messages that guide youngsters rather than confuse or alienate them.

Such underlying causes of drug abuse as stress and anxiety, negative peer pressure, low self-esteem, inability to cope with emotions, and a lack of positive alternatives must be recognized and addressed concurrently in schools, at home, and in the community at large. Plans for action must compliment one another so that the youngster feels a sense of direction and consensus in communications with his or her teachers, parents or support people in the community on questions dealing with drugs or drug-related issues.

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM, CONT'D

The school can take the initiative in bringing together the domains of school, home and community to develop a comprehensive and well-coordinated drug abuse prevention plan. The plan should be based upon a statement of philosophy, which incorporates the following premise:

If our young people have:

- . acquired basic concepts regarding health-related matters;
- . a positive view of themselves and their ability to exercise a measure of control over their lives;
- . family and friends to turn to in times of stress;
- . fulfilling and supportive experiences in schools, families, and other social environments;
- . experiences in making personal decisions based on their own values, and on the consequences of their behavior...

they are less likely to misuse and abuse drugs.

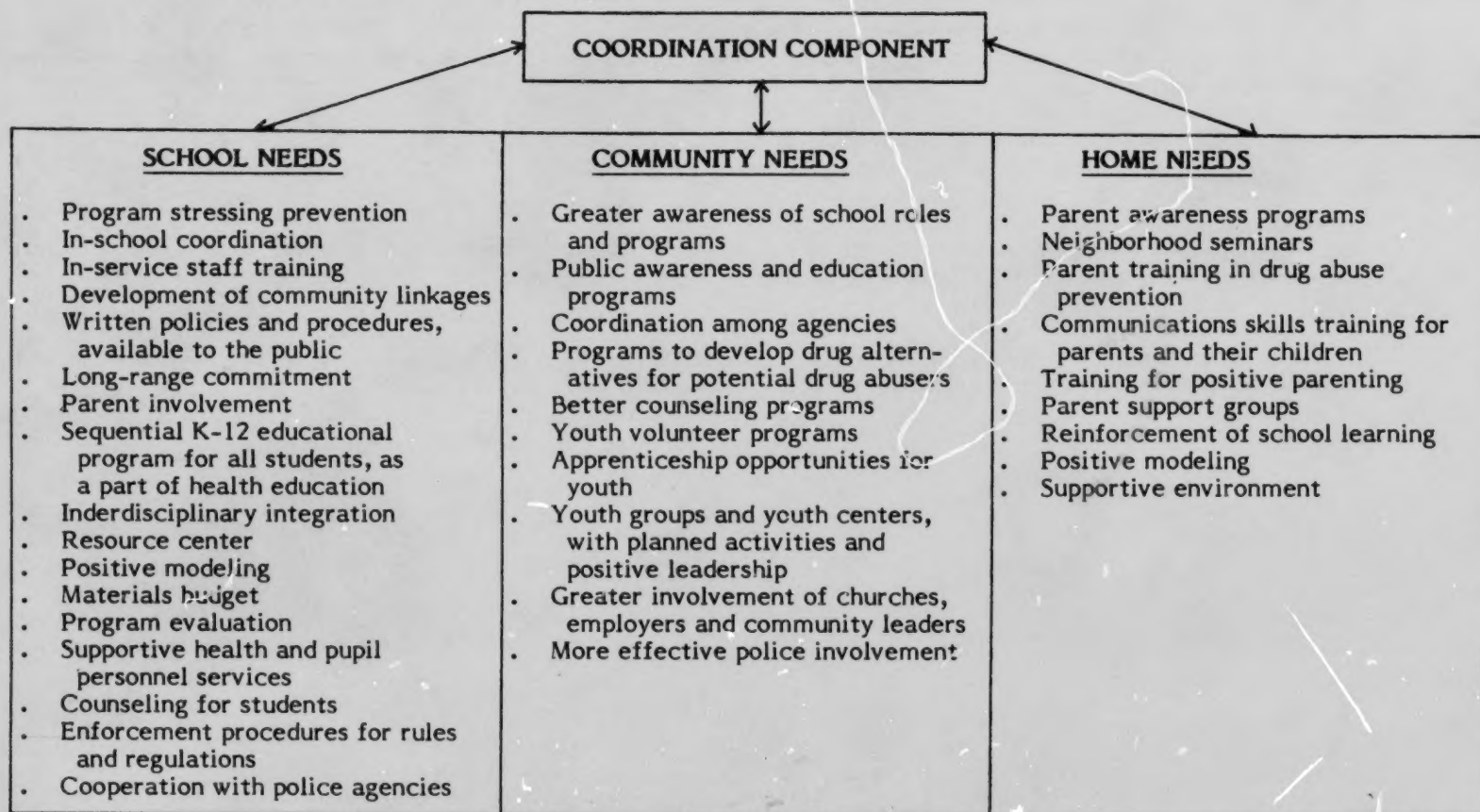
The success of even the best-planned school program will greatly depend upon the degree of cooperation and support which community, school and parent groups are willing to offer. The greater the amount of parent and community involvement, the more hopeful the school can be that its concentrated efforts will fall on fertile ground. Some specific ideas to insure parent and community involvement are:

1. The district/building Health or Drug Coordinator is primarily responsible for identifying community resources relating to drug abuse. This information should be compiled and made available to school staff.
2. Community agency personnel or other community professionals with an interest in drug abuse prevention should be encouraged to make presentations to the school board, school administrators and other appropriate audiences.
3. A Community Awareness Day: As soon as a district steering committee has been formed and resources have been identified for implementing the program, a Community Awareness Day should be planned. The main purposes of the Community Awareness Day are 1) to receive input from parents and community members regarding their needs, interests and concerns and 2) to establish a solid basis for follow-up meetings and plans involving those persons who are willing to make a commitment to the program. Since this introductory event can be crucial to the eventual success of the program, it must be planned carefully. Appropriate school and community personnel should be identified to present clear, accurate information on school and community drug-related issues and concerns. Roles and responsibilities for drug abuse prevention and education programs and the need for the involvement, cooperation and support of parents and community members must be emphasized. Questions or concerns that attendees are likely to raise should be anticipated, to gain a measure of control over what may be an emotional subject for many. Student representatives should be encouraged to attend to present their views and reactions.
4. Community professionals and parents should be invited to serve on school committees related to policy development, to program, to curriculum development and evaluation, and to materials review.

THE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM, CONT'D

5. Student activities should extend beyond the classroom into home and community. Student surveys, interviews and research assignments provide ways to relate learning to life experiences. Student-produced audiovisuals, plays, demonstrations, debates, pamphlets, etc. can promote parent and community interest in and support for the program.
6. Parent groups should be enlisted to assist in identifying the needs of parents in the community, in obtaining resources to meet these needs and in getting parents and other community members involved in positive approaches to drug abuse prevention.
7. Parent education should be an integral part of the program. Many approaches can be used: take-home material, neighborhood seminars, adult continuing education classes, parent-child communication seminars and workshops in parenting skills, to name a few.
8. "Back-to-school nights" should be arranged to give parents an opportunity to observe classroom activities and student work related to drug education.

COMPONENTS OF A COMPREHENSIVE SCHOOL-COMMUNITY DRUG ABUSE PREVENTION PROGRAM



SOURCES OF HUMAN AND/OR FINANCIAL ASSISTANCE

- | | |
|---|---|
| <ul style="list-style-type: none"> * School District * BOCES * Local Government * County Groups * State Government * Federal Government * Health and Drug-Related Agencies | <ul style="list-style-type: none"> * Church Groups * Service Groups * Professional Organizations * Colleges, Universities * Chamber of Commerce * Independent Business Groups * Police Departments |
|---|---|

PHILOSOPHY AND DESIGN OF THE CURRICULUM

The primary focus of the Drug Education Curriculum is prevention of drug misuse and abuse through combined cognitive and affective development. Research has shown that drug education programs which include objectives that enable students to:

- learn credible information;
- improve their self-concepts, (self-images);
- communicate effectively with others; and
- solve problems and make informed, responsible decisions

result in significant reduction of:

- referrals for drug-related activities and absences;
- instances of disruptive behavior among students; and
- instances of school property damage.

Research has also shown that information is a factor which influences values, problem-solving, decision-making and risk-taking behaviors. To influence behavior positively, however, information must be contained within the broader context of affective skills development.

The affective model upon which this curriculum is based has three components: The development of self-image and positive self-concept; the development communication skills; and the development of coping skills.

The Development of Self-Image and Positive Self-Concepts: Research demonstrates that young children exposed to affective educational activities and materials, designed to improve self-concept and acceptance of others, significantly improve their self-concepts. Individuals with poor self-concepts are more likely to misuse and abuse drugs than individuals with positive self-concepts. Significant reduction of drug use was also found among students exposed to humanistic education, which includes values clarification and values sharing programs. Current data suggests that values clarification and values sharing exercises have positive outcomes for drug abuse prevention education. The Drug Education Curriculum includes objectives and activities designed to improve self-concept, and acceptance of others. It also implements values clarification and values sharing at all levels.

Development of Communication Skills: Skills in effective interpersonal communication enable students to realize a measure of control over their lives and environment. These skills help them to express themselves clearly in a positive and acceptable way, listen actively to others, and share and accept thoughts and feelings as a part of meeting their own needs and those of others. They also help students to bridge communication gaps with parents and other authority figures.

The practice of non-judgmental interaction and sharing has been found to reduce drug use. Sharing thoughts and feelings in a supportive atmosphere enables students to broaden their awareness and acceptance of alternatives to drug use for changing feelings and meeting needs. Assertiveness skills help students resist the pressure of peers to behave in ways that are against their own better judgement. Skills in dealing with stress and pressure can prevent some students from turning to drugs for this purpose. The Drug Education Curriculum includes sequential attention to the development of these skills.

The Development of Coping Skills: Problem-Solving/Decision-Making. Research has indicated that problem-solving/decision-making processes can be taught effectively to fifth and sixth graders and that, in considering drug decisions, these students expressed healthy attitudes regarding drug use. One approach to decision-making is the force-field analysis. The force-field analysis has been identified as an effective means of teaching students to focus on pressures operating in a particular environment. The Drug Education Curriculum develops problem-solving/decision-making skills, including the force-field analysis, and integrates activities related to problem-solving/decision-making throughout the program.

PHILOSOPHY AND DESIGN OF THE CURRICULUM, CONT'D.

Features of the Drug Education Curriculum:

1. The curriculum is designed for direct teacher use in the classroom, rather than as a reference document for a local writing committee. Thus it has been printed as nine separate booklets: seven for K-6, one for junior high and one for senior high.
2. The curriculum is a self-teaching and reference document, as well as a teaching guide, which includes background information, descriptions of teaching methods, suggestions for evaluation and the use of community resources and other helps.
3. The curriculum is sequential. While each grade offers a complete grade-level curriculum, following grades build on and reinforce previous grades without repetition beyond what is needed for review.
4. Concepts represent threads of continuity running through the entire K-12 program.
5. Objectives may be grade-specific, may be developed sequentially to build on a previous grade, or may skip one or more grades, then reappear for review or more sophisticated development. Objectives are worded behaviorally and measurably.
6. Few activities are repeated, although similar experiences are provided on several levels. An effort has been made to include alternate activities - basic and more advanced, individual and group, those that require materials or audiovisuals and those that do not - wherever possible, to meet the varying needs of classroom teachers, and their students.
7. Activities requiring films, storybooks or other materials which must be purchased (other than essential references) are designed to be supplementary rather than basic to the curriculum.
8. Of the materials listed for each grade, only a few basic references and soft material supplies are required to implement the curriculum. Worksheets for teacher duplication are included for each grade. Information sheets, story pictures and patterns are also provided.
9. A column at the right-hand side of each curriculum page provides the elementary teacher with a reference for subject integration of material and the Health Coordinator with suggestions for coordinated efforts with teachers of other subject areas at the secondary level.
10. At the end of each concept, a Culminating Concept Evaluation Activity is included to provide the teacher with feedback from students relating to each completed section.
11. A tear-out Evaluation Form at the end of the guide allows the teacher to become a participant in State level assessment and revision of the curriculum.

The district/school Health or Drug Coordinator is primarily responsible for insuring that teacher selection of activities and resources is coordinated sequentially. The district/school Health Education Curriculum Committee may also choose to adapt the curriculum to local needs and resources through Committee selection, in consultation with teachers, of grade level activities and materials.

CURRICULUM EVALUATION

Evaluation is built into the Drug Education Curriculum, and occurs as the teacher develops a unit as well as at the completion of a unit. During evaluation, information is gathered which focuses on the program, the student's learning and progress, the classroom environment, and the curriculum content. The feedback received can be used to shape the course of study to better suit the needs of teachers and students.

A variety of methods have been used in this Drug Education Curriculum to help gather evaluation data:

- 1) **The curriculum is designed to be self-evaluative.** Objectives are written in measurable terms and activities are designed so that their completion involves students as active, observable participants. Thus observation of student behavior frequently provides the teacher with a means to assess student progress and goal attainment. Extra support can be provided for those students who experience difficulty with specific activities or in achieving specific objectives.
- 2) **Record-keeping** is suggested after the development of each concept throughout the curriculum. These records should reflect the progress of the students. Attitudinal learning activities can be augmented for those students who require support in order to achieve the defined behaviors. Teachers are also encouraged to note activities which were received with enthusiasm and those which required further development. The curriculum is personalized and shaped to meet the needs of most teachers and students.
- 3) **Culminating Concept Evaluation Activities** are included in the curriculum. Cognitive tasks, including paper and pencil activities, are used to evaluate content learning. Question activities are written which require students to respond at different cognitive levels. Questions of knowledge, application interpretation, analysis, and synthesis are used to make the paper and pencil tasks more interesting and viable. Open-ended evaluation sheets for students to complete are also included at each grade level. Students are invited to actively participate in providing feedback about information and activities. In this way, the curriculum is shaped by the students to meet the needs of future students.
- 4) A tearout **Evaluation Form** is provided at the back of each curriculum booklet. Teachers are asked to fill out this form when they have completed their Drug Education Unit and return it to the Bureau of Drug Education, New York State Education Department. The form solicits the reactions of teachers to the Curriculum Guide and opinions which students provided through evaluation activities in the curriculum. These forms will be used by the Bureau to guide the preparation of future guides.

EVALUATION REFERENCES

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TO THE TEACHER: HOW TO USE THIS GUIDE

Each grade level Drug Education Curriculum Guide is divided into three sections: 1) an introductory section, 2) instructional units and 3) appendices.

The **INTRODUCTORY SECTION** provides teachers with necessary background information for the successful implementation of the instructional program. Introductory material is page-numbered with lower case Roman numerals.

The **INSTRUCTIONAL UNITS** include a preliminary materials list and three to four concepts, each with two or more objectives, sequentially arranged, and one or more activities per objective. Accompanying worksheets, illustrations, etc. are contained within the instructional units.

The **APPENDICES** include reference information related to teaching methods, agencies, resources and supplementary guidelines. Each guide contains the same set of appendices.

A **GLOSSARY** of terms is included in grades 5 - Senior High.

It is recommended that teachers use a procedure similar to the following when using this guide:

- Read through the introductory section to gain a thorough understanding of the task to be undertaken, not only within the classroom, but also on a broader scale.
- Scan the instructional units and appendices to get an overview of what they include.
- Identify any weaknesses in personal preparation for teaching basic material and initiate plans to help strengthen these weaknesses.
- Talk to other teachers, staff, etc., to gain perspective on district goals and plans or to stimulate the development of these where they are in need of augmentation or revision.
- Discuss with previous and later-grade teachers, and with the Health Coordinator, the objectives that need emphasis in your particular grade or class, to insure that district priorities are met, that the K-12 program has continuity, that your time is used efficiently and that related subjects are taught in a manner supportive of the curriculum.
- Plan your activity schedule. Determine the time available by reference to district priorities, the total school health curriculum, identification of overlapping objectives with other areas of health and possibilities for integration of material with other subjects.
- Based on the characteristics of the class, the materials available to you and your personal judgement, select the activities you will use from those suggested. Note that each concept includes a Culminating Concept Evaluation Activity at the end. Where this is to be used, students need to be involved in activities that will enable them to perform the required task.
- Meet with the school librarian or resource center supervisor to discuss materials required. Determine if they are already available or if they may be acquired and how long it will take to acquire them. This should be done several months before the materials are needed, as some distributors, such as the National Clearinghouse for Drug Abuse

TO THE TEACHER: HOW TO USE THIS GUIDE, CONT'D

Information, require some time to respond to orders. Of course, district deadlines for spending must also be considered. If all teachers can consolidate and prioritize their materials requests before submission to a librarian or purchase agent, it will insure fairness, and identification of those materials most important to the program.

- Enlist the help of the Health or Drug Coordinator to identify the resource persons and agencies you will use and call, write or visit them--whichever is most appropriate--to discuss your needs and mutual schedules. This is best done as a cooperative activity of all relevant school staff, coordinated and assisted by the Health Coordinator.

Teachers will recognize many of the concepts and objectives contained in this curriculum as basic to the development of the child and preparation for life and learning in its broadest sense. The goals of positive self-image, self-confidence, self-discipline and self-motivation for students should permeate all school programs and every teaching-learning situation; they should not be seen as "drug education" or "health education" goals alone. They are specifically and purposefully expressed and integrated here, because educational research has demonstrated that drug education programs which focus primarily on content, without adequate attention to motivations and other psychosocial factors, are not effective in preventing drug misuse and abuse. Content-oriented drug education programs may even promote student involvement in the drug scene.

The attitude a teacher conveys makes a deeper and longer-lasting impression on students than all the factual statements in a text or pamphlet. We all teach more by the kinds of people we are than by the teaching we do; no matter what content the teacher is teaching, the student is feeling an emotional response and learning an attitude as well. Experiences gained in a positive, motivating atmosphere produce lasting, positive effects on students. Teacher awareness of these factors can greatly increase the long range effectiveness of any instructional program.

A SAMPLING OF TEACHING METHODS

The methods you use in drug education will make all the difference between classes that are boring, alienating and ineffective in preventing drug-related problems and classes that will get students actively involved in learning and doing things that will give them the facts they should know to make responsible decisions about drug use, while helping them to develop an understanding of health, motivations and behavior.

A variety of methods will make it easier to adapt to individual differences among students. No one method or procedure is suited to every objective or purpose, i.e. a method that is appropriate in one learning situation may not work in another.

The following teaching methods are offered as a pedagogical assortment from which the teacher may choose and adapt those best suited to his or her talents, the classes taught, and the objectives selected.

FEELING CIRCLE

The Feeling Circle is particularly useful with elementary pupils. It can be used as a sharing or problem-solving method for the class, a group or an individual pupil. A small group sits in a circle, usually with the teacher as discussion leader, sharing reactions and ideas.

The feeling circle gives the teacher an opportunity for developing pupil skills in self-expression, listening to others, taking turns, attending to and remembering what was said, and learning to think before they speak, among others. Pupils learn, as a result, to express their feelings, needs and ideas in ways that are socially acceptable and thus effective for them.

BRAINSTORMING

Brainstorming can be used to teach students to respect and build on their own and others' creative abilities and to acquire the experimental frame of mind necessary for effective problem-solving. Brainstorming develops an awareness of a range of possible alternatives, often bringing out some very useful suggestions. An important element of brainstorming is that the students themselves have provided the suggestions: they are active participants in the learning experience.

Brainstorming can be done as a full class or small group activity. The procedure is described below. It is suggested that the teacher introduce the process to students using a simple example, such as the one given in #3.

1. Introduce the topic of brainstorming. It can be described as a first step in problem-solving - a method for getting out the maximum number of ideas for consideration. Emphasize that the only rule is to spill out ideas as quickly as possible, without discussion of your own thoughts or the thoughts of others.
2. Divide the class into random groups of three to five students. Each group should have paper and pencil or pen. Have each group select a recorder.
3. Instruct the groups to think of as many ways as they can to celebrate a birthday. The recorder lists these on the paper.

A SAMPLING OF TEACHING METHODS, CONT'D

4. Give the groups ten minutes to record their ideas. (If any groups lose steam ahead of time, encourage them to keep trying).
5. Ask each group to choose its two most important ideas to be shared with the entire class.
6. Post the lists so that everyone can see how many ideas emerged in a short time.
7. Decide which ideas can be put into effect.
8. Select a planning committee to combine ideas.

As a followup to the activity, ask the class the following questions:

1. Was this a good way to get people to listen to your ideas?
2. Were many good ideas expressed?
3. Can you think of other times we might use this method of sharing ideas in the class?

LECTURE-DISCUSSION

A drug education program that relies heavily on lectures, whether presented by the teacher, an outside resource person or through media, will not be effective in meeting the goals of prevention. When used properly, however, the lecture-discussion method may be the best way to handle a particular objective.

Lecture-discussions may be used to present case studies, hypothetical situations, critical issues or other motivating topics to arouse student interest and set the stage for student activities that follow. Demonstrations may also be included, such as one given by hospital personnel of life-saving techniques. Wherever possible, background information about drugs and drug-related topics should be researched by the students themselves, rather than presented in lecture format by the teacher. The teacher's role is to guide student activity, raise questions and evaluate student progress.

DISCUSSION

Discussion has several purposes: to develop interest in a new topic; to test understanding, concepts and experiences; to exchange opinions and viewpoints; to develop critical thinking, critical listening, and clear discourse; and to facilitate awareness of misleading, irrelevant, and false statements.

Either the teacher or a qualified student may take the leadership role in initiating and facilitating discussion. The teacher should respect each student's beliefs and encourage the expression of personal opinions, while also encouraging students to listen carefully and thoughtfully to the views of others. The teacher should accept rather than judge statements that are emotionally-based, question erroneous statements and make authoritative references available to the students.

FISH BOWL

The Fish Bowl is a technique that enables the classroom teacher to create a small group experience without losing the attention of the class. All the students have an opportunity to get involved, have their say, hear how others perceive a situation and decide on a mutually acceptable solution in an orderly, democratic fashion. The procedure for Fish Bowl is as follows:

A SAMPLING OF TEACHING METHODS, CONT'D

- Step 1. The teacher asks for six volunteers to sit in a circle in the center of the class. (Bean bag chairs are especially good for this activity.)
- Step 2. A seventh chair is placed within the circle.
- Step 3. The rest of the class stands or sits around the outside of the circle and chair.
- Step 4. The six volunteers discuss the problem and say whatever they want to say, while the rest of the class listens.
- Step 5. A student on the outside who wishes to say something must sit in the empty chair and wait to be recognized by one of the others in the fish bowl. Once recognized, this student can briefly state whatever s/he wants to add, clarify or question, then must vacate the chair for someone else.

Possible class problems that could be solved using this activity include cheating, stealing, loyalty, breaking rules, and interfering with the rights of others.

PROBLEM-SOLVING/CONFLICT RESOLUTION

Learning to resolve a conflict situation between individuals, an individual and a group, or between groups, without sacrificing one's identity, self-respect or control over one's life can be one of the most important life skills anyone can learn. To arrive at a solution to a conflict that is mutually agreeable and allows everyone involved to feel satisfied, one must learn how to communicate without demeaning another. The problem-solving methods described below can be used in any conflict situation to help acquire decision-making skills.

Traditional Model for Problem-Solving:

- Step 1. State the Problem: Participants state the problem as they see it and how they feel about it without blaming, criticizing, judging or shaming.
- Step 2. Define the Specifics of the Problem: Participants then note the points of agreement and disagreement.
- Step 3. Brainstorm All Possible Solutions: Participants contribute as many ideas as possible to how the conflict may be resolved, to create awareness that there may be a number of ways to deal with the problem.
- Step 4. Identify the Consequences: Participants select the most suitable situations from the list they brainstormed and outline the consequences of each.
- Step 5. Choosing a Solution: Finally, participants evaluate suitable solutions and consequences and agree on one solution that is acceptable to all.

Force-Field Analysis Model:

Another process that can be used in conflict resolution is the force-field analysis. In any conflict situation there are opposing forces. Some of these forces help an individual to move toward a desired goal. Other forces may interfere with goal attainment. In a force-field analysis, the individual analyzes the forces that are operating, examines advantages and disadvantages of courses of action, evaluates them, and decides whether or not to pursue the goal. The steps in using the force-field analysis include:

A SAMPLING OF TEACHING METHODS, CONT'D

- Step 1. Divide a piece of paper into four columns.
- Step 2. In the first column, write the conflict or problem which exists.
- Step 3. In the fourth column, write the goal that you wish to reach.
- Step 4. In the second column, list the forces (advantages) which operate to support goal attainment.
- Step 5. In the third column, list the forces (disadvantages) which operate to interfere with goal attainment.
- Step 6. Identify the consequences of each advantage and disadvantage.
- Step 7. Evaluate the advantages and disadvantages in terms of gains and risks.
- Step 8. Choose a plan of action that includes goal attainment, rejection of the goal, or changes in the goal as originally stated.

ROLE-PLAYING

Students assume different roles and improvise dialogue as they act out a problem situation. Role-playing provides an excellent method for helping students learn about their own attitudes and behaviors and find new ways of dealing with problems. As a followup to a role-playing activity, discuss what occurred in the role-play and how everyone felt about the interactions. This method may be used in small groups, or with one small group role-playing before the class.

DRAMATIZATION

Students act out stories, dramas, skits or situations written by a teacher, student or author. Dramatization is used to illustrate how other people have dealt with different problems or situations. As a followup to this activity, discuss what happened, student reactions and what they might have done differently from the characters in the drama. This method is best used as a supplement to other forms of instruction and should be selected and evaluated on the basis of its educational potential, not its entertainment value.

PLAYS AND STORIES

A group writing project may include an entire class. Students should be given a pertinent theme; the play or story should teach a concrete lesson in a practical situation. Acting out the plays or stories provides additional experiences geared toward the learning goals. Plays and stories may be enhanced by being open-ended, allowing students to provide alternative answers or endings.

SENTENCE STEMS

Sentence stems are found in a number of places in the curriculum, but may also be created by the teacher or by students. The purpose of a sentence stem is to draw out a reaction, facilitating self-expression and communication. Sentence stems may be used as discussion starters; to increase awareness of individual similarities and differences; or to obtain class reactions to activities, events, etc. A very useful sentence stem for evaluation of a curriculum activity is the "I learned..." statement, which students may complete at the end of the activity.

A SAMPLING OF TEACHING METHODS, CONT'D

RESEARCH

All students need to learn the skill of accessing accurate, reliable information as a basis for making decisions throughout life. While research activities should not become a major focus of the curriculum, it is necessary for students to learn where to go to obtain information on a topic, how to interpret what they read (or hear), and how to communicate to others what they have learned. Research activities should make students aware of a broad range of information sources - community and government agencies, people with specific expertise, newspapers, government reports, journals, books, pamphlets, television and encyclopedias. The information students obtain can be shared through oral or written reports, discussions or student-constructed visuals.

INTERVIEWS

Interviews are a learning technique in which a small number of selected individuals are questioned on a specific topic. Since the purpose of an interview is to obtain, record and report opinions and information accurately, students learn social and communication skills through this process. Where interviews involve family or friends, students frequently gain insights regarding human behavior which they may not have obtained in less-controlled circumstances.

Teacher direction and assistance may be necessary to help students form clear, unbiased and relevant questions for their interviews, and interpret objectively the information obtained.

SURVEYS

Individuals, committees, or the entire class may conduct surveys. Each step in planning and carrying out a survey has potential educational value. Ideally, a survey should lead to action if the results show that action is needed. This ideal may not always be realizable in the classroom situation, but awareness of community needs is at least sharpened. A survey involves preplanning, collecting, analyzing, interpreting and evaluating data and reporting the findings to the class.

The teacher's role is to guide the students so that they will secure the information they are seeking and interpret and evaluate it correctly. If oral or written questionnaires are used, the teacher's help may be needed to ensure clarity and ease of administration and tabulation. When community facilities are visited, proper prearrangements should be made and a follow-up thank-you letter sent. If students plan to evaluate their findings, care should be taken that the criteria used are sound.

(Note: If a sophisticated study is planned, it is suggested that teachers use school and/or community expertise in sampling, analyzing and interpreting information.)

EXPERIMENTS AND DEMONSTRATIONS

Experiments may be performed by students or demonstrated to the class by the teacher or a resource person. Preplanning for experiments includes: making scientifically sound selections that are in line with the purpose of the lesson and with the maturity of the students; obtaining necessary materials and equipment; and anticipating questions about the results. These activities should be coordinated with the science program to prevent duplication.

A SAMPLING OF TEACHING METHODS, CONT'D

SELF-CONSTRUCTED VISUAL AIDS

Aside from providing a useful outlet for creativity and originality, self-constructed visual aids enliven instruction and help clarify, simplify, emphasize, interpret, and reinforce learnings. Symbolic representation of data may be used through charts, tables, diagrams, maps, graphs, posters, cartoons, diagrams, mobiles, and combinations of these. Charts, tables, graphs, and maps are effective in disseminating information in a compact form while posters and cartoons, by their potential emotional impact, justify their use in the classroom because of their potential influence on attitudes. Student-constructed visuals may also play a major role in reinforcing the program outside classroom walls, obtaining needed community support for the program.

LEARNING CENTERS

Grades 2-6 of the Drug Education Curriculum each contain a set of learning center activities.

A learning center consist of a series of child-centered stations, each of which develops skills and knowledge around a specific topic. Students are active, independent learners as they work through interesting activities prepared for them at their level.

Every learning center has the following elements:

1. Name reflecting the topic of the center.
2. An attractive attention-getting, visual presence.
3. Tasks written on activity cards in a clear, concise manner explaining to the students what they will do and how they will do it.
4. Materials needed for the tasks.
5. An evaluation and record-keeping system to monitor pupil progress.

The learning center can be constructed on a bulletin board, or separate tables can be used as task centers. At least one table is necessary to hold resource materials, task-related materials, and completed projects.

Students can work through learning centers independently or in groups. Students may complete all tasks, or just certain tasks, depending on the directions given by the teacher. They may work at a center during an assigned time or whenever they have free time. The methodology is flexible and can be readily adapted to suit the needs of students and teacher.

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12

In the outlines presented on the following pages, Roman numerals represent topics addressed by curriculum concepts and letters represent the topics addressed by objectives under these concepts. The purpose here is to give an overview of the major topics and their sequence in the curriculum, rather than an outline of concepts and objectives, making quick reference and comparisons relatively easy.

KINDERGARTEN

- I. Self-Image, Feelings and Tolerance
 - A. Identifying and expressing feelings
 - B. Ways we are each unique
 - C. Ways we are the same
 - D. Accepting feelings of others
- II. Group Membership
 - A. Family membership
 - B. Responsibilities toward family members
 - C. Group participation
 - D. Need for rules
- III. Responsibility for Health
 - A. Safe vs. unsafe things to eat
 - B. Health helpers
 - C. Health decisions

GRADE ONE

- I. Self-Image and Communication Skills
 - A. Expressing uniqueness
 - B. Identifying situations that make us feel important
 - C. Recalling and sharing success experiences
 - D. Sharing and accepting feelings
 - E. Sharing and accepting decisions
- II. Responsibility for Feelings and Actions
 - A. Responsibility for feelings
 - B. Identifying uncomfortable feelings
 - C. Handling unpleasant situations
- III. Making Healthy Decisions
 - A. Safe use of substances
 - B. Recognizing poisons
 - C. Rules regarding dangerous substances
 - D. Making healthy choices

GRADE TWO

- I. Making Choices to Meet Needs
 - A. Needs vs wants
 - B. Forming habits
- II. Self-Image, Social Interactions and Responsibility
 - A. Responsibility for feelings and actions
 - B. Family membership and support
 - C. Class membership and support
 - D. Solving classroom problems
 - E. Importance of classroom rules
 - F. Setting rules and determining consequences for breaking rules
- III. Body Balance and Health
 - A. Definition of balance
 - B. Feeling body balance
 - C. Body parts and functions
 - D. Maintaining a healthy body
- IV. Wise Use of Substances
 - A. Identifying well vs sick feelings
 - B. Definition of medicine
 - C. When to take medicine
 - D. Persons from whom we should take medicine
 - E. Rules for taking medicine

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

GRADE THREE

- I. Self-Image and Responsibility for Decisions
 - A. Improving our own self-images
 - B. Feelings about success
 - C. Risk-taking, alternatives and consequences
 - D. Changing decisions
- II. Group Dynamics
 - A. Speaking and listening in groups
 - B. Supporting group members
 - C. Ways of solving group problems
 - D. Making a group decision
- III. Body Balance and Health
 - A. Body systems and functions
 - B. Relating body balance to internal and external body environments
 - C. Feelings which affect balance
- IV. Assuming Personal Responsibility for Health
 - A. Habits affecting present and future health
 - B. Importance of assuming personal responsibility for health
 - C. Setting personal goals for protecting health

GRADE FOUR

- I. Appropriate Uses for Drugs
 - A. Definition of "drug"
 - B. Differences among prescription, over-the-counter and illegal drugs
 - C. Medical uses for drugs
 - D. Prescriptions
 - E. Labels
 - F. The pharmacy
 - G. Comparing contemporary medications with past medications
- II. How Emotions Affect Health
 - A. Awareness of emotions
 - B. Feelings that bring discomfort
 - C. Sickness as a means of dealing with problems
 - D. Ways to change emotions
- III. Communication Skills and Problem-Solving
 - A. Practice communication skills
 - B. Responsibility for feelings
 - C. Practice problem-solving
 - D. Risk-taking, consequences and alternatives
 - E. Solving dilemmas
- IV. Setting Personal Health Goals
 - A. Importance of learning facts before making decisions
 - B. Identifying habits hazardous to health
 - C. Importance of valuing health
 - D. Setting personal goals and recording progress

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

GRADE FIVE

- I. Drug Use and Body Balance
 - A. How various categories of drugs affect body balance
 - B. Differentiating use, misuse and abuse of drugs
 - C. The cycle of dependency and tolerance
 - D. Reasons for substance misuse and abuse
- II. Drugs and Society
 - A. General advertising techniques
 - B. How advertising influences drug-buying
 - C. Techniques used to sell drug products
 - D. Prevalence of drug use
- III. Problem-Solving and Decision-Making
 - A. Comparing and choosing techniques
 - B. Implementing decisions assertively
- IV. Group Dynamics
 - A. Friendships
 - B. Peer groups
 - C. Dependency needs
 - D. Listening skills in group situations

GRADE SIX

- I. Drugs and Human Needs
 - A. Valid sources of information
 - B. Psychoactive drug classifications
 - C. Marijuana (Learning Center)
 - D. Relationship of needs to substance abuse
- II. Personal Decisions Regarding Drug Use
 - A. Relating maturity to ways of handling feelings
 - B. Feelings and attitudes affect decisions
 - C. Evaluating decisions regarding psychoactive drug use
 - D. Double standards
 - E. Setting personal goals for maintaining health
- III. Drugs and Society
 - A. Substance use and alternatives in managing daily problems
 - B. Substance misuse and abuse as concerns of society
 - C. Controls on the purchase, possession and use of substances
- IV. Alternatives to Drugs
 - A. Mood changes as a part of everyone's life
 - B. Identifying things to help us feel good
 - C. Risk-taking, consequences and alternatives
 - D. School and community resources

TOPICAL OUTLINE OF THE DRUG EDUCATION CURRICULUM, K-12, CONT'D

JUNIOR HIGH

- I. Maintaining the Homeostasis of the Body
 - A. Environmental factors
 - B. Psychoactive drugs
 - C. Prescription and over-the-counter drugs
 - D. Drugs and pregnancy
- II. Drugs and Society
 - A. Advertising and drugs
 - B. Legal aspects of substance use, misuse and abuse
- III. Motivations for Drug Use
 - A. Individual reasons for using or abusing drugs
 - B. Progression from experimentation to abuse
 - C. Effects on performance
 - D. Reasons for continued drug use by individuals
 - E. Constructive alternatives
- IV. Communication Skills
 - A. Importance of clear communication
 - B. Practice communicating feelings and needs
 - C. Practice listening and receiving messages
 - D. Dynamics of peer pressure and drug use

SENIOR HIGH

- I. Effects of Drugs on the Homeostasis of the Body
 - A. Major classes of drugs (review)
 - B. Effects of drugs on the neuron and the brain
 - C. Tension and body balance
 - D. Substance use and body balance
 - E. Drug interactions
 - F. Drug dependence, tolerance and withdrawal
 - G. Drugs and driving
 - H. Drugs and pregnancy
- II. Drugs and Society
 - A. History of drug use
 - B. Relationships among industry, controls and society
 - C. Social policies regarding drug use
 - D. Effects of drug abuse on society
 - E. Viewpoints
- III. Communication Skills:
 - A. Stating feelings and needs constructively
 - B. Communication dynamics in groups
 - C. Communication dynamics in relationships
 - D. Effects of substance abuse on relationships
- IV. Motivations and Alternatives
 - A. Changing moods and feelings
 - B. Identifying alternative activities
 - C. Dealing with distress and pressure
 - D. Practice solving problems
 - E. Decisions influencing life style and life span
 - F. Developing a life-long model for health
 - G. Identifying sources of help and support in the community

CHARACTERISTICS OF EARLY AND LATE CHILDHOOD

Early childhood extends from two to six years, and late childhood extends from six years to the time of sexual maturity. The period of childhood is marked by growing independence. As the child leaves the home environment and enters school, new expectations and pressures result in changes in patterns of behavior, attitudes and interests.

EARLY CHILDHOOD

Certain characteristics of early childhood set it apart from other periods. Perception dominates thinking. In order to learn that things are not always what they appear to be, the child reaches out to touch and to experience people and objects in the environment. Rapid developments in language patterns and vocabulary help the child to communicate freely with peers and adults, and permit the child to express personal experiences and ideas about family and possessions.

As the child is placed in play and work groups, the needs and ideas of others begin to counteract the egocentrism and self-involvement characteristic of this period. Cooperative play evolves, and the child learns that sharing gains social approval and emotional support from peers and teachers.

Early childhood represents a period of heightened emotions. Children feel they are capable of accomplishing more than they are permitted to do. Anger and frustration develop when they are thwarted in their attempts to reach a goal. Children express spontaneously their emotions - anger, fear, jealousy, joy, affection, sadness - and need to be given time to share these feelings with their peers. Role-playing, creative dramatization, identification with storybook characters and simple discussion help children to express their feelings, and understand the feelings of others.

LATE CHILDHOOD

Late childhood corresponds to elementary school age. It is the time when the child is expected to acquire the foundations of learning that are considered essential for successful adjustment to later life. Failure to master the tasks assigned to this period results in feelings of inferiority and insecurity. Self-help skills (caring for personal needs), social skills (respect for others), school skills and play skills are developed. The child moves through a period of concrete operations where language is used increasingly to represent experiences and ideas. Listening, speaking, reading and writing develop rapidly as the child learns from adults, peers, books, magazines, television - everything in the environment.

The period of late childhood has been called "The Gang Age." Play groups are formed in which members are usually of the same age, sex and grade level. The child eats lunch, plays games and sports, and moves through the neighborhood and school with this special set of peers. Within the group, there are frequently shifting patterns of leaders and followers, and quarreling, boasting and bossiness are frequent verbal behaviors. It is a time of strenuous physical play where skill is held in esteem.

Children who are not accepted as members of a group must frequently find solitary amusements. Because social acceptance is a central role in the child's life, the degree to which the child feels accepted or rejected can influence social patterns now and in later life.

As the child matures, more control over the outward expression of emotions occurs. Acceptable and unacceptable forms of expression are assimilated, although concepts of positive and negative behavior are generalized to new situations. Misbehavior at school and with friends is used to win peer approval and to assert independence from adult authority. Older children are aware of religious, social and socio-economic status, and usually accept the cultural stereotypes passed to them by adults toward these situations. Only through exposure to alternative ideas and attitudes can the child clarify personal values.

During childhood, the child is expected to assume added responsibilities in school and at home, and success in handling responsibilities (especially those which significant people consider important) will add to a sense of well-being. Achievement, acceptance by others, and affection will help the child experience security and happiness during these formative years.

DEVELOPMENTAL TRAITS 5-8 YEAR OLDS (GRADES K-3)

1. By the age of 6, the average child has attained 43% of physical adult size while the brain and central nervous system have attained 90% of their size. Of course growth of the child will continue to occur, but the increments will be much smaller.
2. The children of this age group are now beginning and will continue to learn skills for ordinary games. Socialization with peer groups in game situations is important, as is socialization in the classroom setting.
3. It is at this time that children begin to formulate and develop conscience, a sense of morality, and a scale of values. By the age of 11 or 12, these items will be well-ingrained into the personality of the child and are likely to remain relatively unchanged.
4. The learning of culturally appropriate psychosexual roles begins to take place in earnest during this time period.
5. The achievement of personal independence begins to take place. The child entering school experiences a suddenly expanded "world" -- from his or her home to the neighborhood, then to the community. No longer is the child content to remain in his or her previous world, namely home and family.
6. The child will begin to evaluate himself/herself in terms of the school standards and the standards of his or her school peers. Self-concept will be modified from the image set previously by his or her parents and siblings. This receptiveness makes the child amenable to "affective" health education, an occasion perhaps never to be duplicated in later years.

DEVELOPMENTAL TRAITS OF 9-12 YEAR OLDS (GRADES 4-6)

By the time a student reaches the 4th grade, he or she is most likely to:

1. Show an increasing concern for group recognition and approbation.
2. Reject standards of home in favor of those of peer group or a clique.
3. Become a member of some secret society or social club.
4. Fluctuate between a need for independence and for dependence.
5. Be inconsistent and variable in regard for parents.
6. Be torn between loyalty to home and allegiance to peers.
7. Take good health for granted and become concerned only on those occasions when an illness threatens to interfere with activities.
8. Lack maturity of judgment.
9. Greatly increase interest in facts of all kinds and show a desire to extend intellectual as well as physical horizons.
10. Be critical of explanations of scientific phenomena, often demand evidence, and be alert to the claims of propaganda.

INDEX TO SUBJECTS COVERED BY ACTIVITIES IN GRADE ONE

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MATERIALS LIST

GRADE ONE

TEACHER REFERENCES: The following materials are examples of references that provide further background and additional activities. Their acquisition is optional. Prices are subject to change.

Canfield, Jack and Wells, Harold C. 100 Ways to Enhance Self-Concept In the Classroom. Englewood Cliffs, NJ: Prentice Hall, Inc., 1976. \$11.95.

U.S. Consumer Product Safety Commission. A Guide to Teaching Poison Prevention in Kindergarten and Primary Grades. Washington, DC: U.S. Government Printing Office (SN 052-003-00257-4). \$1.25.

CLASS RESOURCES: The following materials are listed for use in supplementary activities. It is suggested that the teacher review these materials, wherever possible, and identify those which will best enhance the school program for acquisition in advance.

		<u>SEE PAGE(S)</u>
Coloring Book:	<u>Tuffy Talks About Medicine.</u> Hartford, CT: Aetna Life and Casualty. Request one per student from: Film Librarian, Public Relations and Advertising Dept., 151 Farmington Ave., Hartford, CT 06155.	31
Kits:	<u>An Early Start to Good Health - Unit 2 - My Self.</u> American Cancer Society. Contact your local Cancer Society for loan information. (Filmstrip, record, spirit masters, posters, teacher's guide.)	23
	<u>Just Imagine.</u> St. Paul, MN: Trend Enterprises, Inc. \$3.50. (Set of 12 mini-postercards with activities and discussion prompts on the back; covers wide range of feelings, different ethnic groups.)	12
	<u>Let's Make Faces.</u> St. Paul, MN: Trend Enterprises, Inc. \$5.95. (Set of face cards with removable plastic features which can be combined to make various expressions.)	16
Songbook:	<u>Mister Roger's Songbook.</u> New York: Random House, 1979. \$4.95.	4,7,21
Storybooks:	Baer, Edith. <u>Words Are Like Faces.</u> Pantheon Books (Division of Random House), 1980. \$4.95.	21
	Barrett, John M. <u>No Time for Me.</u> New York: Human Sciences Press, 1978. \$8.95.	12

Storybooks:	Berger, Terry. <u>I Have Feelings</u> . New York: Human Sciences Press, 1971. \$8.95.	16
	Brandenberg, Franz. <u>I Wish I Was Sick, Too!</u> New York: Greenwillow Books, 1976. \$7.44. (Penguin Paperback Edition \$1.95.)	16
	Conta, Marcia Maher and Reardon, Maureen. <u>Feelings Between Brothers and Sisters</u> . Chicago, IL: Raintree Publications, Ltd., 1974. \$5.96.	24
	-----, <u>Feelings Between Friends</u> . Milwaukee, WI: Raintree Childrens Books, 1974. \$5.96.	24
	-----, <u>Feelings Between Kids and Grownups</u> . Milwaukee, WI: Raintree Childrens Books, 1974. \$5.96.	24
	-----, <u>Feelings Between Kids and Parents</u> . Milwaukee, WI: Raintree Childrens Books, 1974. \$5.96.	24
	"I and the Others" Writers' Collective. <u>It's Scary Sometimes</u> . New York: Human Sciences Press, 1977. \$8.95.	12
	Little, Lessie Jones and Greenfield, Eloise. <u>I Can Do It Myself</u> . New York: Thomas Y. Crowell Co., 1978. \$7.89. (for Black American Children.)	8
	Peterson, John. <u>Mean Max</u> . New York: Scholastic Book Services, 1970. \$1.25.	12
	Piper, Watty. <u>The Little Engine That Could</u> . New York: Platt and Munk, 1976. \$5.95.	8
	Schick, Eleanor. <u>Home Alone</u> . New York: The Dial Press, 1980. \$1.95.	24
	Simon, Norma. <u>I Was So Mad</u> . Chicago, IL: Albert Whitman & Co., 1974. \$5.95.	12
	Udry, Janice May. <u>How I Faded Away</u> . Chicago, IL: Albert Whitman & Co., 1976. \$6.50.	16
	Vigna, Judith. <u>Anyhow, I'm Glad I Tried</u> . Chicago, IL: Albert Whitman & Co., 1978. \$6.50.	16
	Wilt, Joy. <u>You're One-Of-A-Kind</u> . Rolling Hills Estates, CA: B.L. Winch & Associates, 1979. \$5.25.	4

GRADE ONE

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will share several ways in which each of them is unique. <u>TEACHER INFORMATION</u> For many children the traditional definition of family has changed, and may include a variety of people. Since the family structure may not be traditional, be prepared to accept the family structures which are described. It is important to center on the concern and caring common to all families rather than the individuals who comprise the family.	<u>ACTIVITY 1. Thumb Pictures</u> Have each child put a thumb print on a piece of colored paper, and draw in his/her face over the print. Children can then decorate their "thumb portraits" in a unique way. <u>ACTIVITY 2. The Me Book</u> Have the children create a Me Book, using pictures or creating illustrations for the book. These pages may be organized as follows: Page One: Photograph or Drawing and Name Birthdate Color of Eyes Color of Hair Page Two: My Family Page Three: Favorite Foods Page Four: Things I Like to Do Page Five: My Friends <u>ACTIVITY 3. "I Am Terrific" Button</u> Have the children bring in a small photograph or make a small drawing of themselves. Use this photo as the center part of an I AM TERRIFIC button.	<u>Materials:</u> Inked stamp pad Colored paper Markers, crayons <u>Materials:</u> Photographs and/or magazine illustrations Markers, crayons Drawing paper <u>Materials:</u> Small safety pins Cardboard Glue Scissors Markers	Art Art Reading Art

GRADE 1 CONCEPT 1

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>TEACHER INFORMATION</u> This is an appealing book with many illustrations and worksheet ideas. It should be noted, however, that reference is made in several places to God. <u>OBJECTIVE</u> The students will share situations in which they feel important. <u>TEACHER INFORMATION</u> The children should be encouraged to speak about things which enhance self-concept. Be prepared to describe an incident of importance for each child who may be too shy to speak up; or take dictation from the reluctant writer.	SUPPLEMENTARY ACTIVITY: ACTIVITY 4. <u>Music Time</u> Teach the children a song they can sing to help them to feel special. ACTIVITY 5. <u>Story Time</u> Read a book to children designed to develop a positive concept of the self as a unique individual.	<u>Songbook:</u> Mister Rogers' Songbook: "You Are Special" <u>Storybook:</u> You're One-Of-A-Kind by Joy Wilt	Music
	ACTIVITY 1. Select a. or b. a. <u>Feeling Circle Stems</u> Seat the children in a circle. Ask the children to complete sentence stems which focus on feeling important. "Sentence Stems: - "When it's my birthday, I feel..." - "When I help my friend, I feel..." - "When I complete my work, I feel..." b. <u>I Felt Important When...</u> Present the above phrase to the students. Ask the children to draw a picture showing a time when they felt important. Provide each child with a "talking balloon" in which to write a statement about their picture; display for all to share.	<u>Materials:</u> Drawing paper Markers, crayons Pre-cut "talking balloons"	Oral Expression Art

GRADE 1 CONCEPT 1

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.

LEARNING ACTIVITIES

RESOURCES

INTEGRATION

TEACHER INFORMATION

Examples should vary, and be relevant to all the children in the class.

ACTIVITY 2: Jump - In and Be Counted

Have the children stand in a large circle. Call out times when the children may feel important.

Examples:

- You are the leader of the class line.
- You erase the class chalk board.
- You bring a note to another teacher.
- You get a star for good work.
- It's your birthday.
- You lose a tooth.
- You hold the door for the class.

Each time the children hear something that makes them feel important, they jump into the circle. Ask for reasons why the children feel important.

Oral
Expression

ENRICHMENT FOLLOW-UP ACTIVITY:

Have one child count and record the number of children who jump for each statement. These can be placed on a pictograph. Discuss those activities which received the highest and lowest tally. Display the graph.

Materials:

Large sheet of
newsprint
Marker

Math

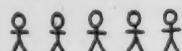
Example:

Feeling Important

Leader of Line



Eraser of Chalk board



GRADE 1 CONCEPT 1

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
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ACTIVITY 3. I Feel Important At Home When

Have the children draw pictures of jobs which they do at home which make them feel important. Have the children tell about the job they like best and the job they like least. Help the children label their jobs. Have them take their pictures home to share with their families.

Art
Reading
Oral
Expression

OBJECTIVE

The students will recall success experiences and share these experiences with others.

ACTIVITY 1. Select a. or b.

a. I'm a Star

Cut out stars from gold paper and hang each on wool or ribbon. Have children tell about something they did that was really special. As children speak, place a star around their necks. Have children describe how they feel.

Materials:

Gold paper
Scissors
Wool or ribbon

Oral
Expression

TEACHER INFORMATION

Elicit that everyone has special talents and attributes. Knowledge of these attributes enhances a positive self-concept. Be prepared to describe accomplishments of those students who do not speak up.

b. First Prize

Make a simple ditto sheet with a blue ribbon drawn in one corner of it. Have children draw a picture of a success (real or imaginary) on the sheet, then help them to write a sentence caption for it.

Materials:

Ditto sheet or blue construction paper
Markers

Art
Written
Expression

ACTIVITY 2. Yes, I Can

Have the children make a "Yes, I Can" book. Ask them to name four things they feel good about doing. List these on separate sheets of paper. Have the children illustrate each "Yes, I Can" statement, and staple or sew them into a book. Have the children share their books, and listen for patterns of things other children feel successful doing. Discuss similarities and differences.

Materials:

Stapler, and staples or needle and yarn
Drawing paper
Markers, crayons

Reading
Written
Expression

GRADE 1 CONCEPT 1

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 3. <u>Success Whips</u> Have the children sit in a circle and, in order, complete two of the following sentence stems. - "I really feel good when I..." - "Something I can do well is..." - "I feel proud when I..." - "I know how to..." Have the children listen for responses which are similar to their own.		Oral Expression
	SUPPLEMENTARY ACTIVITIES:		
	ACTIVITY 4. <u>Storybook Reading</u> Have the children read picture books about successful experiences.	<u>Storybooks:</u> <u>The Little Engine That Could</u> by Watty Piper <u>I Can Do It Myself</u> by Lessie Jones Little and Eloise Greenfield	Reading
	ACTIVITY 5. <u>Music Time</u> Teach the children a song they can sing to help them identify things that make them feel good.	<u>Songbook:</u> <u>Mister Rogers' Songbook</u> "It's Such a Good Feeling"	Music

GRADE 1 CONCEPT I

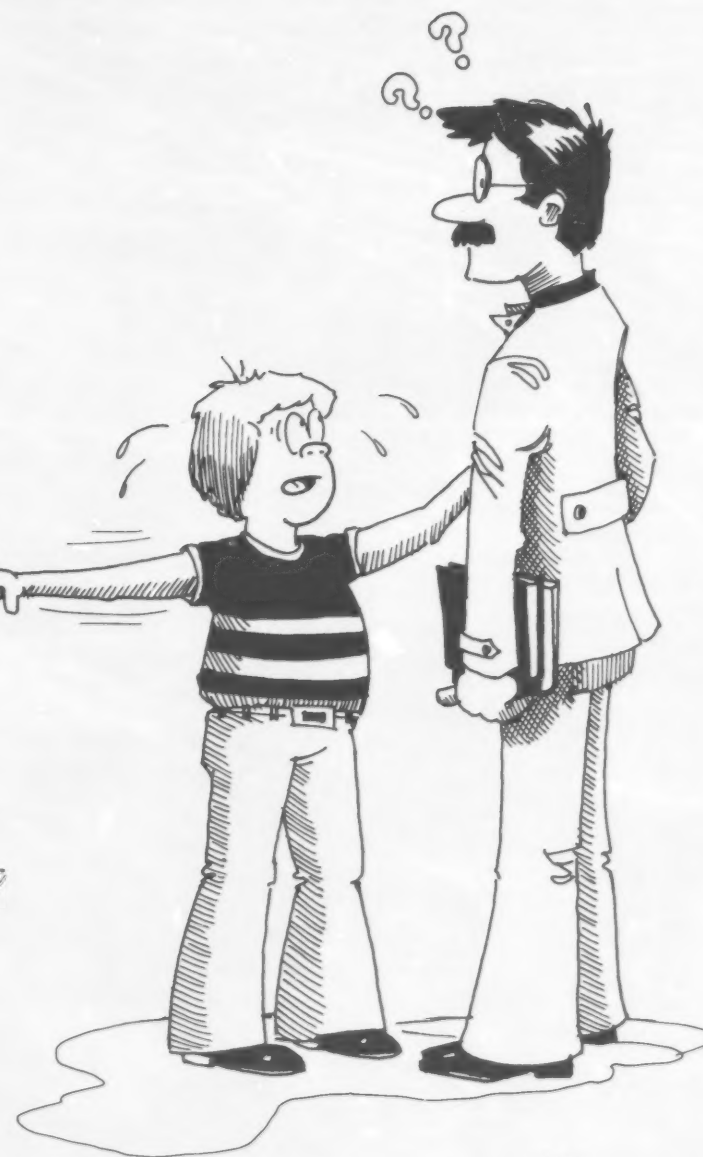
CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will share their feelings and accept the feelings of others that may differ from their own.	<u>ACTIVITY 1. Value Voting</u> Develop a list of voting questions for the children. Provide a mixture of fun and serious topics. Examples: - Who likes to jump rope? - Who feels they should always tell the truth? - Who likes to read? - Who likes to go to the dentist? Voting Procedure: The students signify their vote by raising their thumbs up in the air (thumbs up) for "Yes"; placing their thumbs down (thumbs down) for "No"; and making a fist with no thumb showing for "Not sure". Arms folded indicates "I pass." <u>ACTIVITY 2. Story Picture</u> a. Display story picture, <u>The Fight</u>, depicting a situation involving different feelings about a course of action. Explain that two children are fighting. One child is trying to stop the fight. One child is telling the teacher about the fight. Ask the children how they feel when this happens in school? Ask them to tell what they would do. (Cont'd on page 11.)	<u>Materials:</u> Story picture, <u>The Fight</u>, p. 9	Listening Oral Expression Picture Interpretation

THE FIGHT



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GRADE 1 CONCEPT I

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 2. (cont'd) Discuss the different consequences. b. Have children role-play the situation, various solutions, and different consequences.		Oral Expression
	ACTIVITY 3. <u>Different Feelings</u> Give each child 4 cards. On each card, have the children illustrate a different emotion by drawing a face which depicts that emotion. The children can draw a face to represent happiness on the first card, sadness on the second card, fear on the third card; and, anger on the fourth card. Tell a story to the children. Have the children answer the questions by holding up the proper card. Example of Story: Josh and Scott were watching the roller coaster at the amusement park. Josh wanted to go on the ride. He thought it was fun. How did Josh feel? Hold up the face that shows how he felt. Scott was scared. The roller coaster went too fast. How did he feel? Hold up the face that shows how he felt. Hold up a face that shows how you would feel. (Cont'd on next page.)	<u>Materials:</u> 4 cards for each child Markers, crayons	Listening Art

GRADE 1 CONCEPT I

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 3. (cont'd) Next Josh and Scott went to the spook house. Scott wanted to go in. He liked the skeletons and ghosts and goblins. How did Scott feel? Hold up the face that shows how he felt. Josh was frightened. He didn't like the dark and scary things. How did he feel? Hold up the face that shows how he felt. Hold up the face that shows how you would feel. The boys had a good time at the amusement park. It was time to go home. Josh and Scott felt sad about leaving the park. Hold up the face that shows how they felt.		
	SUPPLEMENTARY ACTIVITIES:		
	ACTIVITY 4. <u>Storybook Reading</u> Read to the students or have them read stories about how children feel in various situations.	<u>Storybooks:</u> <u>I Was So Mad</u> by Nora Simon <u>Mean Max</u> by John Peterson <u>No Time For Me</u> by John B. Barrett <u>It's Scary Sometimes</u> by "I and the Others" Writers Collective	Reading
	ACTIVITY 5. <u>Story Pictures</u> Use story pictures with children to identify, describe and discuss feelings they have in various situations.	<u>Teacher Resource:</u> <u>Kit (Story Pictures):</u> <u>Just Imagine</u> (Trend Enterprises)	Oral Expression

GRADE 1 CONCEPT 1

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will share their decisions and accept the decisions of others that may differ from their own. <u>TEACHER INFORMATION</u> As an introduction to this section, help the children identify a working definition for the word "decision." For example, a decision is a choice we make whenever we think, feel, say or do something. We may also refer to decision-making as "making up our minds." Secondly, the teacher will probably need to outline carefully what group decision rules are to be used. Encourage the children to share their reasons for forming a decision. They may become aware that different reasons may lead to a common decision or lead to alternative appropriate decisions; however, these decisions always have consequences.	<u>ACTIVITY 1. Treasure Chest</u> Collect a group of interesting, colorful and attractive items. Marbles, small toys, beads, rocks, shells, etc. can be gathered. Display these items. Ask the children to choose their favorite items. Cluster the children together that have chosen common items. Ask the children to provide reasons for their decisions concerning why certain items were chosen. Call attention to the differing reasons for choosing similar items. Example: Eduardo, Carrie and Julie each chose the same green marble. Eduardo liked the color, Carrie liked the shape, and Julie thought it looked like her cat's eyes. <u>ACTIVITY 2. That's Our Apple</u> Divide the class into groups of three. Give each group an apple. Explain to the children that they must decide on a way of recognizing their apple. After a few minutes, collect all the apples. Place them on a tray in the front of the room. Have each group come and find their apple. Ask them to disclose to the class how they recognized their apple. Call attention to the different criteria which were used in arriving at their group decision.	<u>Materials:</u> Marbles, beads, small toys, rocks shells, etc. which are colorful and attractive. <u>Materials:</u> Apples: one per three students	Oral Expression Visual Discrimination

GRADE 1 CONCEPT 1

CONCEPT: Feeling good about ourselves enables us to share our thoughts and feelings and to listen to others.

OBJ. & TEACHER INFO.

LEARNING ACTIVITIES

RESOURCES

INTEGRATION

ACTIVITY 3. Free Time Vote

Explain to the class that they can have five minutes of free time if they can agree on an activity. Provide a list of possible activities. Examples of free time activities include a classroom game (Simple Simon), free talk-to-your-neighbor time, an art activity, etc. Have the students discuss the pros and cons of each activity. Have the class vote for the activity that they will do. Have the class members discuss their feelings about the activity which won the majority vote.

Oral
Expression

CULMINATING CONCEPT EVALUATION ACTIVITY:

A Voting Evaluation

In order to gain some insight into the development of this concept, list on the chalkboard, with the children, the activities which were accomplished. Have the children vote to indicate those activities from which they learned new ideas. Thumbs up indicates "Yes"; thumbs down indicates "No"; hands crossed indicates "No Opinion." Make a note of the children's reactions for reference in future planning.

Listening

GRADE 1 CONCEPT II

CONCEPT: Feeling good about ourselves enables us to begin to take responsibility for our feelings and actions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will express a variety of feelings and discuss how they can change their feelings. <u>TEACHER INFORMATION</u> When children become aware that they are able to change their feelings, they gain greater control over their emotions and behavior.	<u>ACTIVITY 1. Paper Bag Puppets</u> a. Have each child create two paper bag puppets. One paper bag puppet should have a sad face. This is "Mr. Sad." The other paper bag puppet should have a glad face. This is "Mr. Glad." Have children place the "Mr. Sad" puppets on their right hands and the "Mr. Glad" puppets on their left hands. b. While everyone holds up "Mr. Sad," have one child describe a situation which causes him to have unhappy feelings. Have the other children describe ways to change "Mr. Sad's" feelings. After each suggestion, "Mr. Sad" must decide if he will change to "Mr. Glad." Each time the child hears a suggestion s/he likes, s/he holds up "Mr. Glad." Example: Situation: Mr. Sad: I broke my toy and I am angry. Responses: Child 1: Find someone to help you fix the toy. Child 2: Buy a new toy. Child 3: Play with another toy. Child 4: Take someone else's toy. If the children cannot think of situations, provide ideas, such as: - My mother just scolded me for jumping in the living room. - My sister just tattled on me. - The teacher caught me fooling around.	<u>Materials:</u> Paper bags (two for each child) Markers, crayons	Art Oral Expression

GRADE 1 CONCEPT II

CONCEPT: Feeling good about ourselves enables us to begin to take responsibility for our feelings and actions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>TEACHER INFORMATION</u> The teacher should provide the class with an example or two to help generate thinking.	<u>ACTIVITY 2. I Can Change</u> Discuss with children situations in which they experienced changes in feelings. Have them focus on things they do to help themselves feel better. Using the patterns provided, prepare a series of cards showing mood changes. Have the children choose a card. Ask them to describe how they change their feelings.	<u>Materials:</u> <u>I Can Change Cartoons,</u> pp. 17, 19.	Reading Oral Expression
SUPPLEMENTARY ACTIVITIES:			
	<u>ACTIVITY 3. Let's Make Faces</u> Have children use the kit, <u>Let's Make Faces</u>, to make a face that shows a feeling. Ask the children to tell about a time when they felt that way.	<u>Materials:</u> Kit: <u>Let's Make Faces</u> (Trend Enterprises)	Oral Expression
	<u>ACTIVITY 4. Storybook Reading</u> Read stories to the children where the main characters change feelings.	<u>Storybooks:</u> <u>I Have Feelings</u> by Terry Berger <u>Anyhow, I'm Glad I</u> Tried by Judith Vigna <u>How I Faded Away</u> by James May Udry <u>I Wish I Was Sick, Too!</u> by Franz Brandenburg	

I CAN CHANGE CARTOONS (1)



Sad

To



Glad



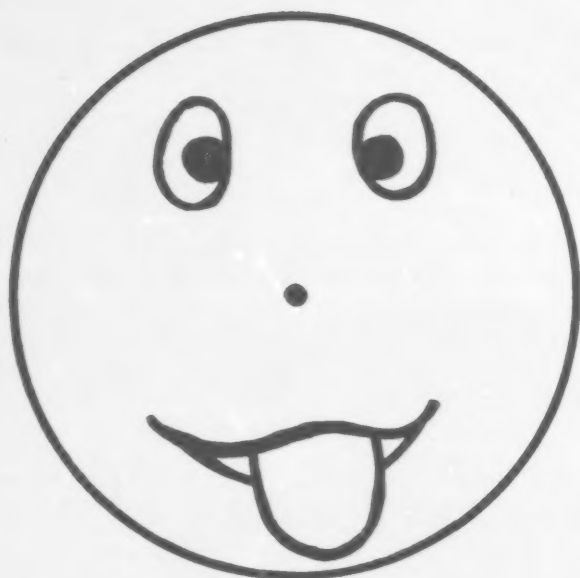
Angry

To



Calm

I CAN CHANGE CARTOONS (II)



Silly

To



Serious



Afraid

To



Brave

GRADE 1 CONCEPT II

CONCEPT: Feeling good about ourselves enables us to begin to take responsibility for our feelings and actions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will discuss persons, places and things which make them feel uncomfortable. <u>TEACHER INFORMATION</u> The students should become aware that we all experience situations which make us apprehensive. It is acceptable to discuss these feelings with others.	ACTIVITY 5. <u>Storybook Reading</u> Read (or have children read) a story that shows how words can be used to change feelings.	<u>Storybook:</u> <u>Words Are Like Faces</u> by Edith Baer.	Reading
	ACTIVITY 6. <u>Music Time</u> Teach the children a song to sing about solving a problem.	<u>Songbook:</u> <u>Mister Rogers' Songbook:</u> "What Do You Do?"	Music
	ACTIVITY 1. <u>I Made A Mistake</u> a. Tell the children the following story about a teacher who made a mistake: It was math time. Jimmy's teacher walked to the chalkboard and wrote $1 + 1 = 3$. Then, she asked the class to copy down the example. Jimmy raised his hand. He said, "Teacher, I don't think that's right. Doesn't $1 + 1 = 2$?" The teacher replied, "Oh Jimmy, you're right. I made a mistake." Ask the children to describe some mistakes they've made, and how they feel when mistakes occur. Elicit from the students that everyone makes mistakes, and everyone feels foolish when they occur.		Oral Expression
	b. Have the students create a mistake picture. Ask the students to draw a picture with a mistake, or use magazine cut-outs to create a (Cont'd on next page.)	<u>Materials:</u> Drawing paper Markers, crayons	Art

GRADE 1 CONCEPT II

CONCEPT: Feeling good about ourselves enables us to begin to take responsibility for our feelings and actions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 1. (cont'd) picture with an error. The mistake might show a car flying or a fish walking. Have the children find the mistakes in each other's pictures. ACTIVITY 2. <u>Feeling Circle</u> Have the children complete sentence stems, such as the following: - When I can't go out and play because I am sick, I feel... - When I have no one to play with, I feel... - When someone does not play fair, I feel... - When I can't do something as well as my friend, I feel... Have the children compare answers and identify common patterns of feelings.		Oral Expression
<u>TEACHER INFORMATION</u> Children need to learn to take days when everything seems to go wrong in stride, recognizing that things will probably be better tomorrow. The attitude to bring out is that it is O.K. to have a bad day now and then.	ACTIVITY 3. <u>A Good Day/A Bad Day</u> a. Ask children to describe a "good" day. Then ask them to describe a "bad" day. Bring out that all of us have "bad" days sometimes, and we shouldn't let them make us unhappy for long. Ask them to express how they feel on a "bad" day. b. Have each child draw a "good" day picture and a "bad" day picture and share these with the class or in small groups. Compare the days and explain how the "bad" day can be changed to a "good" day.	<u>Materials:</u> Drawing paper Markers, crayons	Oral Expression Art

GRADE 1 CONCEPT II

CONCEPT: Feeling good about ourselves enables us to begin to take responsibility for our feelings and actions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	SUPPLEMENTARY ACTIVITY:		
	ACTIVITY 4. <u>My Self</u> Show, sing along with and discuss the film-strip and record "My Self," which focuses on feelings about making a mistake and having mistaken ideas about one's self.	<u>Materials:</u> <u>An Early Start to Good Health, Unit 2, "My Self"</u> (Local Cancer Society)	Music
<u>OBJECTIVE</u> The students will explain how they would handle a situation which causes an unpleasant feeling.	ACTIVITY 1. <u>"I - Language"</u> Using hand puppets, present situations such as the following for role-playing: - A friend broke your toy. - You want to watch a TV show no one else wants to watch. - Your mother won't buy you a toy you want. Teach the children to use "I-Language." Have the students identify how they feel and why they feel that way.	<u>Materials:</u> Hand puppets (stick or paper bag puppets can be used)	Oral Expression
<u>TEACHER INFORMATION</u> "I-Language" is used to express a feeling from the speaker's point of view. It typically uses the form "I feel _____ when _____ because _____." For example, "I feel bad when my toy is broken because I can't play with it anymore." By avoiding accusations it helps to promote self control and avert conflicts. It focuses on a problem which can then be dealt with by both parties.	ACTIVITY 2. <u>Who's In Charge</u> Have the children role-play being in charge. Ask them to react to certain situations as someone in charge might react, for example, policeman, bus driver, teacher, principal, social worker, babysitter, relative. Then ask the students to role-play the situation in a way they would handle it. Compare the reactions to the situations.		Oral Expression

GRADE 1 CONCEPT II

CONCEPT: Feeling good about ourselves enables us to begin to take responsibility for our feelings and actions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 3. <u>Feeling Circle: "I-Language"</u> Seat the children in a circle. Have the students respond in "I-Language" to sentence items. Examples of Items: - When someone breaks my toy, I feel _____ because my toy is broken. - When someone treats me unfairly, I feel _____ because I missed my turn. - When someone scolds me, I feel _____ because scolding makes me uncomfortable.		Oral Expression
	SUPPLEMENTARY ACTIVITY: ACTIVITY 4. <u>Storybook Reading</u> Read to or have the children read stories about handling situations which cause unpleasant feelings outside of school.	<u>Storybooks:</u> <u>Feelings Between Friends;</u> <u>Feelings Between Kids</u> <u>and Grownups;</u> <u>Feelings</u> <u>Between Kids and Par-</u> <u>ents;</u> <u>Feelings Between</u> <u>Brothers and Sisters</u> by Marcia Maher Conta & Maureen Reardon <u>Home Alone</u> by Eleanor Schick	Reading
	CULMINATING CONCEPT EVALUATION ACTIVITY: <u>Evaluation Circle</u> Seat the students in a circle, and discuss the activities which were developed as part of this concept. Have the students complete the following sentence stems: - One thing I learned is _____. - One activity I liked is _____. - One activity we shouldn't do again is _____. - I really felt happy when _____. Record the results for reference in future planning.		Oral Expression

GRADE 1 CONCEPT II

CONCEPT: Feeling good about ourselves enables us to begin to take responsibility for our feelings and actions.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will determine that substances can be used safely or dangerously.	<u>ACTIVITY 1. Safe or Not Safe?</u> Display some substances which children see around the house, including medicines, cleaners, and other chemicals. Discuss their safe and unsafe use and handling. Draw out the statement that the unsafe or improper use of certain substances can harm us.	<u>Materials:</u> Empty containers of household substances	Safety
<u>TEACHER INFORMATION</u> This activity can be lead by either the classroom teacher or the school nurse-teacher.	<u>ACTIVITY 2. Danger</u> Give each child a danger sign or noise maker. Read short stories containing dangerous situations to the children. The children should hold the danger sign up or shake the noise maker whenever the teacher comes to a part of the story where there is a problem and explain the problem. Examples of Stories: - One day, baby Alice was crawling around the kitchen. She opened the cabinet under the sink and found many bottles there. She reached for a pretty bottle and put it in her mouth. - Geraldine liked the smell of her sister's perfume. One day, she went to her sister's dresser and poured the perfume all over her head. - Francisco liked the taste of the medicine the doctor gave him for his cough. He climbed up to the medicine cabinet and reached for the bottle to drink some.	<u>Materials:</u> Noise makers or danger signs	Safety

(Cont'd on next page.)

GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>TEACHER INFORMATION</u>	ACTIVITY 2. (cont'd)		
Early awareness of the danger of ingesting certain substances not only has immediate survival value for children, but also promotes the development of good health habits both now and in the future.	- Jacky liked to watch his father shave. The shaving cream looked like whipped cream. One day, he climbed up and squirted shaving cream in his hand and began to eat it.		
	Discuss the danger and talk about safety rules to prevent these types of accidents.		
This activity also provides an opportunity for children with food allergies to identify items that are not safe for <u>them</u> to eat that may be safe for <u>other</u> children.	<u>ACTIVITY 3. Safety Scrapbook</u>	<u>Materials:</u>	Art Reading Safety
	Provide each child with four pieces of drawing paper to make a safety book. Title the pages as follows: Title Page: (Name) 's Safety Book Page Two: Things That Are Safe For Me to Eat Page Three: Things That Are Not Safe For Me to Eat Page Four: Things That I Ask About Before I Eat Them	Drawing paper Magazines to cut up Scissors Paste Markers, crayons	
	Have the children cut out pictures and place them on the appropriate pages of the scrap book. You or they may add other pages and and topics as needed. When finished, have students take the book home to share with their families.		
	An idea for a more detailed scrapbook is presented in <u>A Guide To Teaching Poison Prevention in Kindergartens and Primary Grades</u>, pp. 22-26.	<u>Teacher Reference:</u>	
		<u>A Guide to Teaching Poison Prevention in Kindergarten and Primary Grades</u> (U.S. Government Printing Office)	97

GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 4. Medicine - When? Who? How? Have the children recall times when they had to take medicine. Have them recall why they had to take the medicine, who gave them the medicine, and how it was given to them. Explain that there are rules to follow for taking medicine safely -- rules for <u>when</u> we take medicine and for <u>who</u> can safely give it to us. Distribute the worksheet, <u>Medicine - When? Who? How?</u> Have the children follow the worksheet as you <u>give</u> them directions. Instruct the children to color the boxes that tell about using medicine safely. In the first row, they are to color the boxes that give good reasons for <u>when</u> to take medicine. In the second row, they are to color the boxes that tell <u>who</u> can safely give medicine to them. In the third row, they are to color the boxes that show ways they can take medicine. When the worksheets are completed, the children can take them home to share with their families.	Materials: <u>Worksheet: Medicine - When? Who? How?</u>, p. 29 Crayons	Oral Expression Reading
	SUPPLEMENTARY ACTIVITY: ACTIVITY 5. <u>Taking Medicine</u> Have children read and color book, <u>Tuffy Talks About Medicine</u>.	Materials: <u>Tuffy Talks About Medicine</u> (Aetna Life and Casualty)	Safety

WORKSHEET: MEDICINE - WHEN? WHO? HOW?

When can you safely take medicine?

You have a fever	You want some	You have the flu	It looks like it tastes good	You have an allergy
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Who can safely give you medicine?

Friends	Parents	The doctor	The nurse	The cookie monster
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How do you take medicine?

You can take a pill	You can take liquid	You can take it by injection	You can take a button	You can take a toy
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GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will define poison and recognize poison warning labels. <u>TEACHER INFORMATION</u> First grade teachers should discuss this section with Kindergarten teachers to insure that children receive reinforcement of concepts rather than duplication of activities. <u>TEACHER INFORMATION</u> This is an opportunity to discuss words for "warning" and "danger" in other languages. For those students who have difficulty identifying color, the shape of the warning label should be pointed out. Some other labels with which the children may be familiar include: "Mr. Yuk" "NIMM" (See Kindergarten)	<u>ACTIVITY 1. Vocabulary Development</u> Introduce the word "poison" as a sight word on the chalkboard. Discuss the meaning of the word. From the children's ideas, form a working definition. Have the children name some things that are poisonous. Determine with the children that poisons can be found anywhere. Ask them to explain what might happen if someone swallowed something that was poisonous. Elicit from them the general rule that many substances must be used by everyone very carefully. <u>ACTIVITY 2. Locating Warning Labels</u> a. Introduce the words, "warning" and "caution" on the chalkboard as sight words. Have the children read the words, and discuss the meanings of the words. Ask children where they have seen these words printed. Talk about yellow or red traffic lights as well as reflectors on cars and bicycles as warning signals. Introduce the traditional poison sign of "Skull and Crossbones" or other labels with which the children are familiar. Have students discuss where they have seen these labels and why the labels are there. (Cont'd on next page.)		Reading Safety Reading Safety

GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
	ACTIVITY 2. (cont'd) b. Collect a series of empty containers of products which bear these warnings (e.g. ammonia, detergents, kitchen cleaners, diet sodas, etc.). Have the children identify the products, and discuss how the products are used. Allow the students to locate and read the "warning" or caution" words on the labels. Ask the children why these words are printed on the labels. Explain that these products are <u>poison</u>. Review the meaning of the word <u>poison</u>, and have children describe the dangers of these household products.	<u>Materials:</u> Empty containers of household products with labels	Reading Safety
<u>TEACHER INFORMATION</u> The Containers "Speak" Puppet Show is a good activity for a Parent's Day program.	ACTIVITY 3. <u>Containers "Speak" Puppet Show</u> Collect a series of empty clean containers from a variety of household products. Mount these containers on sticks to create stick puppets. Explain to the students that these containers are looking for a safe place to stay until they are used. Invite the students to create and dramatize a puppet show around this theme. Have the puppet show conclude when the household products find a proper place.	<u>Materials:</u> Empty containers of household products Tongue depressors Glue	Safety Oral Expression
	SUPPLEMENTARY ACTIVITIES: For additional poison prevention activities, refer to <u>A Guide to Teaching Poison Prevention to Kindergartens and Primary Grades.</u>	<u>Teacher Reference:</u> <u>A Guide to Teaching Poison Prevention to Kindergartens and Primary Grades</u> (U.S. Government Printing Office)	Safety

GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will determine and list safety rules regarding dangerous substances.	ACTIVITY 1. Select a, b, or c. a. <u>Safety Rules</u> Review with the children the meanings of the words, <u>poison</u>, <u>warning</u> and <u>caution</u>, and the traditional <u>poison sign</u>. Review that certain home products have these labels, and name some of these substances. Have the children brainstorm a list of safety rules for handling these substances. When the list is completed, rank the suggestions and have the children copy them in their notebooks. b. <u>Safety Rule Whip</u> Review the fact that certain substances found in the home are potentially dangerous. Have the children tell as quickly as possible any safety rules that they practice for handling dangerous substances. Have each child create a poster illustrating a safety rule that was expressed.		Reading Safety Oral Expression Writing
<u>TEACHER INFORMATION</u> A variation on this activity could include the use of bottles with candies and pictures of bottles with pills that resemble the candies, to point out the danger of assuming that things which look good to eat are safe.	c. <u>Unknown Substances</u> Review with the children the fact that certain substances found in the home are potentially dangerous. Review ways they have learned to recognize these substances. Prepare a group of "unknown" substances. Have students try to identify the substances by looking and smelling. Ask why tasting to identify the substance is not a good idea. Draw up a list of rules for handling unknown substances. Items	<u>Materials:</u> Salt, flour, sugar, soap powder, etc. Plastic containers	Oral Expression Safety Art Science Safety

(Cont'd on next page.)

GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
<u>OBJECTIVE</u> The students will identify several choices that can be made to protect a healthy body. <u>TEACHER INFORMATION</u> Children should begin early to recognize that the choices they make help to keep them healthy.	ACTIVITY 1.c. (cont'd) like sugar, salt, flour and soap powder can be used because they have similar appearances. Draw from the children the idea that it is better to discard the substance than taste it or take a chance using it. Emphasize that it is important to keep items in marked containers. <u>ACTIVITY 1. Make A Choice</u> Place three paper circles on the floor large enough for children to sit on. Label the circles "Yes," "No," and "Maybe." Read a simple story to the class which involves a decision related to protecting a healthy body. Have children listen to the story, and sit on the circles that indicate their decisions. Have the children discuss their decisions. Examples of Stories: - Your friend has a bad cold. She calls you on the phone and invites you to play with her. Would you go to her house? - There is a white powder in a jar in the cabinet. You think it is sugar but you are not sure because there is no name on the jar. Would you use the powder on your cereal? - There is a leftover hamburger in the refrigerator. It has a funny smell. Would you eat it?	<u>Materials:</u> Three large cutout paper circles for children to sit on Marker	Listening Oral Expression

GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
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ACTIVITY 1. (cont'd)

- You are painting at the kitchen table, and you spill some red paint. You go to the cabinet to get a cleaner. The cleaner says, "Caution." Would you use it?
- You are sick. Your father takes you to see a doctor and the doctor gives your father a piece of paper to use in getting you some medicine. Your father buys the medicine and gives it to you. Do you take it?

ACTIVITY 2. Safe-Unsafe-Not Sure Charts

Have the students cut out illustrations from magazines and paste them under the correct headings. Have the students discuss their charts.

Materials:

Magazines
Paste
Scissors

Art

CULMINATING CONCEPT EVALUATION ACTIVITY:

Select a. or b.:

a. Safe to Taste

Distribute the worksheet, Safe to Taste. Have the children mark the box and indicate the item which is safe to taste. Discuss the worksheets and their answers. The children should identify all of the edible items.

Materials:

Safe to Taste
Worksheet, p.37

Listening
Reading

(Cont'd on next page.)

GRADE 1 CONCEPT III

CONCEPT: When we value our health, we make choices which care for and protect our bodies.

OBJ. & TEACHER INFO.	LEARNING ACTIVITIES	RESOURCES	INTEGRATION
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CULMINATING CONCEPT EVALUATION ACTIVITY: (cont'd)

b. In the Mouth

Draw a picture of a big head with its mouth open. Cut an opening where the mouth is. Have a box of various cut-outs. Some of the cut-outs should represent things which are safe to eat. Some of the cut-outs should represent things which are not good to eat. Children can play this as a game in pairs. Let them "feed" the items that are safe to eat to the head. Other items are returned to the box. (The activity can be made self-correcting by drawing a mouth in back of those items which can be eaten.)

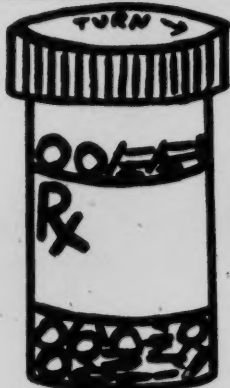
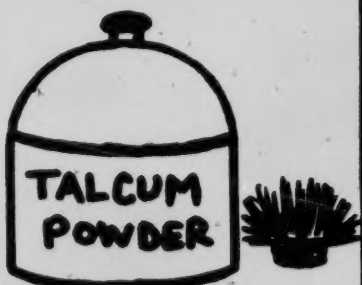
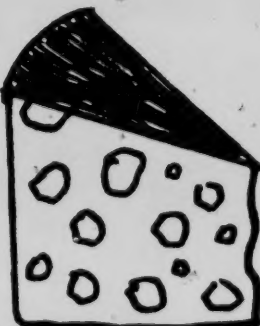
Materials:

Box
Poster board
Scissors
Markers
Pictures of various
items mounted on
small cards to
"feed" into the mouth

Safety

WORKSHEET: SAFE TO TASTE

Put an X in each box where something is safe to taste.

THE ALTERNATIVES CONCEPT

The alternatives concept is based on the assumption that substance misuse and abuse occur when people select substances to meet needs which may be better, or more healthfully, met through alternative means. If the individual can be encouraged to identify the specific needs being met by substance misuse or abuse, it should be possible to identify alternatives to drugs for the individual that will meet these needs without the unhealthy consequences which accompany substance misuse and abuse.

While reasons for substance misuse and abuse vary, individuals frequently cite boredom, frustration, powerlessness, pain and a lack of hope for change as motivations. Alternative activities should be provided in the community which involve young people as active participants with responsibilities and opportunities for growth, achievement and contact with positive role models. Individual identity, self-reliance and feelings of self-worth grow from thinking about, planning and doing worthwhile things. Some examples of programs which are based on the alternatives concept are the following:

ALTERNATIVES 2, Florida Ocean Science Institute, 1605 South East Third Court, Deerfield Beach, FL 33441. Involves youth with marine life and skills development in the areas of scuba diving, boat building, etc.

EL TEATRO ESPITITU DE ASTLAN, P.O. Box 592, Placintia, CA 92670. Involves youth in theater-operated techniques such as improvisations, skits, psychodrama and videotaping.

GLOUCESTER EXPERIMENT, Gloucester, MA 01930. Involves youth in all aspects of restoration projects.

OUTWARD BOUND, INC., National Office, 384 Field Point Road, Greenwich, CT 06830.

PROJECT ADVENTURE, P.O. Box 157, Hamilton, MA 01936.

SPARK PROGRAM, New York City Board of Education, 110 Livingston Street, New York, NY 11201. Encourages student decision-making and intellectual, social, cultural and recreational activities as alternatives to drug misuse.

Several activities in the middle and high school grades of this curriculum provide opportunities for youngsters to identify personal alternatives to drugs for meeting needs and handling problems. The list provided on the following pages provides examples for the teacher that are more detailed. This list may serve as a point of departure for class discussion, as a reference for use by individuals, or as a reference for use in developing local alternatives programs.

SOME REFERENCES ON ALTERNATIVES

- Cohen, Allan Y. Alternatives to Drug Abuse: Steps Toward Prevention. Madison, WI: Wisconsin Clearinghouse for Alcohol and Other Drug Information, 1975. \$.35.
- Cohen, Allan Y. The Journey Beyond Trips: Alternatives to Drugs. Center City, MN: Hazelden Educational Services, 1971, \$.60.
- Glasser, William, M.D. Positive Addiction. Harper & Row Publishers, 10 East 53rd Street, New York, NY 10022, 1976. \$8.95.

THE ALTERNATIVES CONCEPT, CONT'D

Messolonghites, Louisa, Editor. Alternative Pursuits for America's 3rd Century. Washington, DC: U.S. Government Printing Office (SN 017-024-00333-6), 1977. \$3.10.

National Institute of Mental Health. Effective Coordination of Drug Abuse Programs. A Guide to Community Action, Chapter VII: "Conclusions: Developing Alternatives to Drug Abuse", April 1973.

Silverstein, Lee M. Consider the Alternative. CompCare Publications, P.O. Box 27777, Minneapolis, MN 55427. \$5.95.

ALTERNATIVES CHART

Level of Experience	Effect Being Sought	Most Probable Drugs of Abuse	Alternative Examples
Physical	Relaxation	Alcohol, tranquilizers marijuana, barbiturates	Listening to music Yoga Floor exercise Dance and movement training Swimming, fishing Gardening
	Relief from pain	Prescribed drugs, OTC drugs, illegal drugs	Self-hypnosis Biofeedback Exercise (for pain caused by tension)
	Prevention of sickness	OTC drugs, prescribed drugs	Individual physical conditioning, (jogging, exercise, hiking, biking, walking, etc.) Proper nutrition Sanitation, hygiene
	Increased physical energy	Amphetamines, stimulants (cocaine, nicotine, etc.)	Experience in the martial arts (karate, judo, etc.) Competitive athletics Individual physical conditioning, running, bicycling Aerobic dancing Dietary adjustments

ALTERNATIVES CHART, CONT'D

Level of Experience	Effect Being Sought	Most Probable Drugs of Abuse	Alternative Examples
Sensory	Enhancement of sensual experiences (intensification and enrichment of sound, touch, sight, smell and taste)	Hallucinogens (marijuana, STP), cocaine	Creative hobbies (photography, handicrafts, printing, cooking, ceramics, music, perfume making, sachet making, etc.) Physical activity (bathing, swimming) Birdwatching, nature study Plant, seashell, rock, stamp collecting Walking barefoot in sand, mud, grass or a stream
Creative/Aesthetic	Increased creative ability and enjoyment	Hallucinogens, stimulants	Creative hobbies Planning and implementing art shows, plays, etc. Restoration of neighborhood Apprenticeship with local artists, musicians, craftsmen, actors, etc. Non-graded instruction
	Enhancement of imagination	Hallucinogens, amphetamines	Theater games Fiction writing Visiting museums, exhibitions, fairs Experimenting with art materials

ALTERNATIVES CHART, CONT'D

Level of Experience	Effect Being Sought	Most Probable Drugs of Abuse	Alternative Examples
Mental/Intellectual/Spiritual	Ease in problem-solving	All drugs	Self-hypnosis Relaxation techniques Practice in use of problem-solving techniques Memory Training
	Insight into self	Hallucinogens	Group process, counseling Peer counseling Reading biographies, self-help articles and books
	Avoiding mental fatigue	Stimulants	Physical activity Political campaign work Play chess Play a musical instrument Tutoring
	Search for purpose and meaning in life, and a personal identity	Hallucinogens	Reading Meditation Study of world religions Contemplation Gardening Nature Study Participation in religious activities
	Desire for higher levels of consciousness	Hallucinogens	Poetry writing Spiritual dance and song Meditation

ALTERNATIVES CHART, CONT'D

Level of Experience	Effect Being Sought	Most Probable Drugs of Abuse	Alternative Examples
Emotional	Reduction of stress, tension, anxiety loneliness	Tranquilizers, barbiturates, marijuana, alcohol	Peer counseling Relaxation techniques Biofeedback Volunteer work as Big Brother/Sister Storytelling
	Avoidance of problems and decisions	All drugs, including combinations of drugs	Supervised psychodrama Peer counseling Problem-solving skills development
	Relaxation and mood alteration	Marijuana, alcohol, tranquilizers barbiturates	Relaxation techniques such as imagery, guided fantasy Biofeedback Religious experience
	Relaxation of inhibitions	All drugs, especially alcohol	Meditation Yoga Cloud-watching
	Need for privacy	Hallucinogens, barbiturates	Gardening, farming Camping, backpacking
Social/Political	Peer pressure; need to feel a sense of belonging	All drugs, including combinations of drugs	Team sports Committee or volunteer work Political campaign work
	Rebellion, defiance, assertion/independence	All drugs, especially illegal substances	Auto and motorcycle repair, racing Volunteer work Recycling and working to improve environment Political campaign work
	Promote social change	Marijuana, barbiturates, alcohol	Volunteer work; social service Tutoring Ecology action Run for office political field work

ALTERNATIVES CHART, CONT'D

Level of Experience	Effect Being Sought	Most Probable Drugs of Abuse	Alternative Examples
Recreational	Escape from boredom	All drugs, including combinations of drugs	Joining a school club Team sports Apprenticeship Body building Hiking, walking Hobbies, puzzles
	Curiosity	All drugs, including mixing drugs	Science lab work Gardening Building and flying model aircraft Skin and scuba diving Exploring
	Excitement, a new experience, a high, a changed perception	All drugs including mixing drugs	Tutoring Collecting Roller skating Ice skating Biking Cooking Running
	Need for risk-taking, adventure	All drugs, including mixing drugs	Skin and scuba diving Mountain climbing Debating Environmental work Travel Speluncing Hot-air ballooning White-water canoeing, kayaking Orienteering

PEER LEADERSHIP PROGRAMS

Peer leadership programs use the impact and modeling characteristics of peers to influence same age or younger students in developing attitudinal and behavior patterns. Peer leaders may be particularly effective in areas such as substance abuse where the information and guidance provided by adult teachers may be viewed by some students with suspicion, or as irrelevant to the problems young people share.

Where peer leadership methods are used, participating leaders should be carefully selected and trained to insure that they have a positive influence on the children they lead. Many program variations are possible - classroom presentations, group discussion-leading, and individual support are some examples - and peer leaders need to acquire specific skills for each function they perform.

School administrators, teachers, students and parents should all be involved in the planning and implementation of a peer leadership program. For further information, consult one or more of the references listed below.

REFERENCES ON PEER LEADERSHIP

Brown, William. Student-to-Student Counseling. An Approach to Motivating Academic Achievement (Revised Edition). Hogg Foundation Research Series. Austin: University of Texas Press, 1977. \$10.95.

Fletcher, Kenneth R., et. al. Extend: Youth Reaching Youth. Minneapolis, MN: Augsburg Publishing House, 1974. \$3.95.

Hebeisen, Ardyth. Peer Programs for Youth. Minneapolis, MN: Augsburg Publishing House, 1973. \$3.50.

Myrick, Robert and Tom Erney. Caring and Sharing. Minneapolis, MN: Educational Media Corp., 1978. \$6.95.

. Youth Helping Youth: A Handbook for Training Peer Facilitators. Minneapolis, MN: Educational Media Corp., 1979. \$6.95.

National Institute on Drug Abuse. Teen Involvement for Drug Abuse Prevention. Washington, D.C.: U.S. Government Printing House (SN 017-024-00714-5), 1978. \$2.75.

National Institute on Drug Abuse. Teen Involvement for Drug Abuse Prevention - Administrators Guide. Washington, D.C.: U.S. Government Printing House (SN 017-024-00713-7), 1978. \$1.60.

Samuels, Don and Mimi Samuels. The Complete Handbook of Peer Counseling. Atlanta, GA: SAAETP, Inc., 1975. \$5.95. (A classic reference; also available from CompCare Publications and Hazelden Educational Services.)

PACKAGED PROGRAMS FOR HEALTH AND DRUG EDUCATIONNationally-Validated Programs for Drug Abuse Prevention**THE ME/ME DRUG PREVENTION EDUCATION PROGRAM**

ME/ME is a drug prevention/education program for elementary level children (grades 2-6). The program focuses on the reasons why people abuse drugs rather than on the drugs themselves. Activities are student-centered; they emphasize decision-making, values, self-concept, and attitude development. ME/ME is implemented by regular classroom teachers after a six-hour training session by Project ME/ME staff. Details regarding the ME/ME program may be obtained from Artie Kearney, Director, ME/ME Project, 400 South Linwood Avenue,, Appleton, Wisconsin 54911 or the Bureau of Drug Education, New York State Education Department, Room 960 EBA, Albany, New York 12234. Area Code 518: 474-1492.

THE OMBUDSMAN PROGRAM

The Ombudsman program is a drug education/primary prevention program for students in grades 5 and 6. It is designed to reduce certain psychological and attitudinal states closely related to drug use (rebelliousness, low valuing of school, poor student/teacher relationships and low self-esteem). The program is divided into three basic segments: (1) self-awareness and values clarification, (2) communication skills, decision-making and problem-solving, and (3) outreach projects and ideas for school and community. A three-day training session for teachers, counselors and other school personnel is recommended before implementing the program. Program details may be obtained directly from Chris Jones, School Team Director, Charlotte Drug Education Center, 1416 East Morehead, Charlotte, North Carolina 28204. Further information is available from the Bureau of Drug Education, New York State Education Department, Room 960 EBA, Albany, New York 12234. Area Code 518: 474-1492.

Nationally-Validated Programs for Comprehensive Health Education**PRIMARY GRADES HEALTH CURRICULUM PROJECT (PGHCP)**

The PGHCP is a sequential health curriculum for students in grades K-3. A companion program to the School Health Curriculum Project (see next page) the PGHCP has been designed to assist children to make informed decisions about personal health practices. Grade level emphases vary, but most areas of health are covered. The design of the State Tobacco Education Curriculum and of this State Drug Education Curriculum allow them to be easily inserted in this program. Training for a school team and the purchase of materials is required before implementing the curriculum.

For more information regarding the PGHC Project, contact Nancy L. Evans, Project Associate, National Center for Health Education, School Health Curriculum Project, 901 Sneath Lane, Suite 215, San Bruno, California 94066.

PACKAGED PROGRAMS FOR HEALTH AND DRUG EDUCATION, CONT'D

SCHOOL HEALTH CURRICULUM PROJECT (SHCP)

The SHCP is a sequential curriculum for students in grades 4-7 (only grades 5-7 have been nationally-validated). The curriculum uses a body systems approach to health which is science-oriented. Each grade level focuses on a different body system - the digestive system, the respiratory system, the circulatory system, and the nervous system. A learning centers approach is used with student-centered activities. Teacher training and the purchase of materials is required before implementing the program.

For more information regarding the SHCP Project, contact Nancy L. Evans, Project Associate, National Center for Health Education, School Health Curriculum Project, 901 Sneath Lane, Suite 215, San Bruno, California 94066.

Other Notable Packaged Programs

TEENAGE HEALTH TEACHING MODULES (THTM)

Teenage Health Teaching Modules are presently being developed by the Education Development Center, Newton, Massachusetts, under contract from the Bureau of Health Education, Center of Disease Control, U.S. Department of Human Services. The project expects to increase students' knowledge, heighten their concern, and teach them skills to use in making well-informed health decisions. The project's final product will be a series of short, highly-targeted modules for middle/junior high and high school students. Activities will be designed to be implemented by teachers from a variety of subject areas, e.g., health, home economics, social studies, science, language arts, and physical education. Student modules on the following topics are currently under development: family health, nutrition and fitness, substance use, friendships and relationships, and environmental and community health. Beside student materials, other materials will be developed: resources, a teacher-training component, strategies to involve parents, and an implementation guide to advise administrators wishing to develop health education programs in their school district.

For further information regarding the project, contact Teenage Health Modules, Education Developmental Center, 55 Chapel Street, Newton, Massachusetts 02160.

QUEST: SKILLS FOR LIVING

The Quest program emphasizes development of mental health and life skills at the high school level. The activities were developed based on a survey of over 2,000 high school students to determine the things in life that concern them the most; their answers - feelings, self-concept, friends, family, marriage, parenting, and career - form the basis of this curriculum. Teacher training is provided through summer workshops at the Sagamore Conference Center in Raquette Lake, New York and in on-site workshops are conducted during the school year.

For more information regarding this program, contact Margie Ingram, Quest Coordinator, Sagamore Institute, 110 Spring Street, Saratoga Springs, New York 12866, Area Code 518: 587-8700.

**NYS DIVISION OF SUBSTANCE ABUSE SERVICES
BUREAU OF TRAINING AND RESOURCE DEVELOPMENT**

The NYS Division of Substance Abuse Services' Bureau of Training and Resource Development can provide three major services for teachers: 1) participation in regionally scheduled training programs to build skills and knowledge related to substance abuse 2) scheduling of current awareness sessions for school-community groups and 3) library services through a Resource Center, located in New York City.

Training Opportunities

Although the primary function of the Bureau is to provide training to staff of agencies funded and monitored by the Division of Substance Abuse Services, teachers can participate in regionally scheduled training as space permits. Training is provided in content areas such as individual, group and family counseling, treatment populations, general issues and prevention. Schedules and applications are available from the Bureau.

Current Awareness Sessions for School-Community Groups

The Bureau accepts requests from schools, community groups, PTAs, etc. for current awareness sessions designed to increase general awareness of the substance abuse problem among parents, teachers, students, school administrations, etc. In addition to specific information on drugs and their effect on the body, sessions on communication skills, family system, parenting and programs tailored to the specific needs of your district are available. Requests for scheduling must be submitted well in advance since the demand for training services is high. For further information, contact: Robert Detor, Deputy Director for Substance Abuse Training and Resource Development, Division of Substance Abuse Services, 350 Broadway, New York, New York 10013, (212) 966-7600.

Resource Center Services

The Resource Center, also located at the above address, is open from 8:30 a.m. to 5:00 p.m. Monday through Friday.

Resources include: 1) 1,500 books in the substance abuse field, 2) journals and newsletters, 3) article reprints, 4) pamphlets and posters and other free materials, 5) a reading room with a microfiche reader, computerized index to journal literature and a complete card catalogue.

Services are available to teachers visiting the Center. Telephone or mail requests for information will also be accepted.

THE FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration can assist teachers in two ways: 1) FDA Consumer Affairs Officers can provide pamphlets, article reprints and other information for student and teacher use and 2) Investigators from FDA Resident Inspection Posts can speak with classes regarding the role of the FDA in regulating the safety, quality and effectiveness of items offered for sale in U.S. markets. Do not hesitate to request a speaker because of your geographic distance from an office listed below. These investigators routinely travel throughout the State regarding regulatory matters.

FDA CONSUMER AFFAIRS OFFICERS

<u>DISTRICT/OFFICE</u>	<u>ADDRESS/TELEPHONE</u>	<u>COUNTIES SERVED</u>
NEW YORK DISTRICT		
Brooklyn Office	Consumer Affairs Officer 850 3rd Avenue Brooklyn, NY 11232 212: 9165-5754	Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester
BUFFALO DISTRICT		
Buffalo Office	Consumer Affairs Officer 599 Delaware Avenue Buffalo, NY 14202 716: 846-4483	All other counties

FDA RESIDENT INSPECTION POSTS

<u>MAILING ADDRESS</u>	<u>TELEPHONE</u>	<u>QUICK REFERENCE LOCATION</u>
FDA Resident Inspection Post Clinton and N. Pearl Streets Albany, NY 12207	518: 472-6043	Albany
FDA Resident Inspection Post P.O. Box 1093, Main Office Binghamton, NY 13902	607: 773-2752	Binghamton
FDA Resident Inspection Post Meridan Road, U.S. Border Station Champlain, NY 12919	802: 298-8240	Champlain

THE FOOD AND DRUG ADMINISTRATION, CONT'D

FDA RESIDENT INSPECTION POSTS

<u>MAILING ADDRESS</u>	<u>TELEPHONE</u>	<u>QUICK REFERENCE LOCATION</u>
FDA Resident Inspection Post P.O. Box 217 Hicksville, NY 11802	516: 433-3187	Hicksville
FDA Resident Inspection Post P.O. Box 3198 Newburgh, NY 12550	914: 562-2620	Newburgh
FDA Resident Inspection Post 100 State Street, Room 328 Rochester, NY 14614	716: 263-6286	Rochester
FDA Resident Inspection Post 100 S. Clinton, Room 1217 Syracuse, NY 13260	315: 423-5468	Syracuse
FDA Resident Inspection Post 300 Hamilton Avenue, Room 309 White Plains, NY 10601	914: 428-4318	White Plains

THE MARCH OF DIMES BIRTH DEFECTS FOUNDATION

Teachers are encouraged to use the services and materials available from the March of Dimes to enhance the drug education program. The March of Dimes develops health education materials for schools, as well as youth groups and health professionals. The materials include pamphlets, audiovisuals and exhibits which call attention to preventable birth defects, and urge prospective parents to modify behavior in ways that will protect the health of mother and child. Materials highlighting smoking, alcohol and drug use are included. Many of their health education materials may be obtained free of charge (or on loan) from your local chapter (see below), or from the National Office: Public Health Education Division, March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605, (914) 428-7100.

FOUNDATION CHAPTERS IN NEW YORK STATE

CHAPTER	ADDRESS	TELEPHONE	REFERENCE LOCATION
Adirondack Chapter	26 Excelsior Springs Avenue Saratoga Springs, NY 12866	518: 587-9600 or 885-5349	Saratoga Springs
Capital Area Chapter	P.O. Box 5224 Albany, NY 12205	518: 458-1630	Albany
Catskill Area Chapter	219 Quassaick Avenue, Suite 9 New Windsor, NY 12550	914: 562-6400	New Windsor
Central New York Chapter	702 West Belden Avenue Syracuse, NY 13204	315: 422-4752	Syracuse
Genesee Valley Finger Lakes Chapter	21 North Main Street Pittsford, NY 14534	716: 385-1131	Pittsford
Greater New York Chapter	622 Third Avenue New York, NY 10017	212: 682-6430 or 682-1232	New York City
Jefferson Chapter	547 Woolworth Building Public Square Watertown, NY 13601	315: 782-8580	Watertown
Long Island Chapter	2 Robbins Lane Jericho, NY 11753	516: 433-7000	Jericho

THE MARCH OF DIMES BIRTH DEFECTS FOUNDATION, CONT'D

CHAPTER	ADDRESS	TELEPHONE	REFERENCE LOCATION
Niagara Frontier Chapter	1823 Pine Avenue Rooms 207 and 208 Niagara Falls, NY 14301	716: 284-9525	Niagara Falls
Oneida-Mohawk Chapter	414 Trenton Avenue Utica, NY 13502	315: 733-9129	Utica
South Central New York Chapter	349 Chenango Street Binghamton, NY 13901	607: 722-8300	Binghamton
Westchester-Rockland-Putnam Chapter	35 Orchard Street White Plains, NY 10603	914: 949-7166	White Plains
Western New York Chapter	3254 Genesee Street Buffalo, NY 14225	716: 893-4272	Buffalo

PERIODICALS FOR TEACHERS AND STUDENTS

<u>DISTRIBUTOR</u>	<u>TITLE</u>	<u>PRICE</u>	<u>COMMENTS</u>
Alcohol and Drug Problems Association of North America 1101 Fifteenth St., N.W. Suite 204 Washington, DC 20005	<u>Journal of Alcohol and Drug Education</u> (Teachers)	\$10/yr.	Quarterly.
Alcohol, Drug Abuse and Mental Health Administration Printing and Publications Management Branch 5600 Fishers Lane (Rm 6C02) Rockville, MD 20857	<u>Prevention Resources</u> (Teachers, administrators)	Free	Bi-annual; emphasizes materials and programs.
Curriculum Innovations, Inc. 501 Lake Forest Avenue Highwood, IL 60040	<u>Current Health 1</u> (Grades 4-7)	\$3.75 per student for either period- ical. Min. order: 15 subscriptions.	Monthly, May-Sept. Frequently features articles relating to substance use, abuse.
	<u>Current Health 2</u> (Grades 7-12)		
	<u>Current Lifestudies</u> (Grades 7-12)	\$7.90/yr (9 issues); \$3.95/ yr for 15 or more subs.	Designed for classroom use. Deals with human development, interpersonal relationships, psychology, values.
Do It Now Foundation P.O. Box 5115 Phoenix, AZ 85010	<u>Drug Survival News</u> (Teachers, counselors)	\$4/yr	Bi-monthly.
Health Services and Promotion Branch Department of National Health and Welfare Ottawa, Ont. K1A 1B4 Canada	<u>Health Education</u>	Complimentary foreign subscrip- tions extended to facilitate informa- tion exchange.	Although directed at Canadians, many articles are of general interest.

PERIODICALS FOR TEACHERS AND STUDENTS, CONT'D

<u>DISTRIBUTOR</u>	<u>TITLE</u>	<u>PRICE</u>	<u>COMMENTS</u>
Narcotics Education, Inc. P.O. Box 4390 Washington, DC 20012	<u>Listen - A Journal of Better Living</u> (Grades 7-12)	\$9.50/1-24 subs. 9 mos.	Monthly; includes teaching guide; stresses use of modeling and skills development in prevention.
	<u>The Winner</u> (Grades 4-6)	\$3.75/9 mos; \$1.00/Teaching Guide	Monthly; lifestyle guidance for substance abuse prevention.
New York State Federation of Professional Health Educators P.O. Box 72 Albany, NY 12201	<u>The Catalyst</u> (Teachers)	\$15/yr	Bi-monthly; includes membership in NYSFPHE. News, informative articles, programs, resources, research reports, information on Annual New York State Health Education Conference.
Scholastic Magazines 902 Sylvan Avenue P.O. Box 2001 Englewood Cliffs, NJ 07632	<u>Scholastic Action</u> (Grades 7-9; low reading level)	\$1.95/semester	Biweekly (14 issues); teacher edition with bulk subs; integrates adolescent concerns and skills development.
Superintendent of Documents U.S. Government Printing Office Washington, DC 20402	<u>FDA Consumer</u>	\$12/yr	Monthly-bi-monthly (10 issues); news and articles regarding drugs and consumerism. Article reprints may sometimes be obtained free of charge.
Up Front, Inc. P.O. Box 330589 Coconut Grove, FL 33133	<u>Street Pharmacologist</u> (Teachers)	\$20/yr	Monthly; articles, reviews, news. Attractive, illustrated, interesting.

REFERENCES FOR SCHOOL LIBRARIANS

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
American Guidance Service Circle Pines, MN 55014	<u>The Bookfinder. A Guide to Children's Literature About the Needs and Problems of Youth Aged 2-15.</u>	\$31.00	Over 1,000 books indexed by subject, author and title and described in detail. A unique and invaluable reference.
Association for Childhood Education International 3615 Wisconsin Avenue, N.W. Washington, DC 20016	<u>Excellent Paperbacks for Children</u>	\$3.50	Updated periodically; annotations, developmental levels and prices given.
	"Guide to Children's Magazines, Newspapers, Reference Books" by Peter Madden	\$.75	Annotated.
R.R. Bowker Company 1180 Avenue of the Americas New York, NY 10036	<u>Books to Help Children Cope With Separation and Loss</u> by Joanne E. Bernstein	\$16.25	Developed as a reference for bibliotherapists. Contains descriptive summaries of over 400 books dealing with various life problems for children to read on their own. Interest and reading levels given.
Bureau of Drug Education New York State Education Dept. 960 EBA Albany, NY 12234	<u>Annotated Resource Guide (Alcohol, Drugs & Tobacco) - Elementary Level</u>	Free	Descriptions and ordering information on materials for teacher use, categorized by format and audience. Supply limited.
	<u>Annotated Resource Guide (Alcohol, Drugs & Tobacco) - Secondary Level</u>	Free	
CompCare Publications 2415 Annapolis Lane, Suite 140 Minneapolis, MN 55441	<u>Catalog of Books & Things for Growth-Centered Living</u>	Free	Pictures and describes in detail publications distributed by CompCare, which cover substance abuse prevention, mental health and healthy living in general.
National Clearinghouse for Drug Abuse Information 5600 Fishers Lane Rockville, MD 20857	<u>Publication Status Checklist (periodically updated)</u>	Free	Lists publications of the National Institute on Drug Abuse and indicates current availability.

REFERENCES FOR SCHOOL LIBRARIANS, CONT'D

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
National Humanistic Education Center 110 Spring Street Saratoga Springs, NY 12866	<u>The First Catalog for Humanizing Education</u>	\$5.95	Looseleaf ringbinder describing publications in the field of humanistic education, including many classics in affective educa- tion and values clarification, under 45 topical headings. All are available from the Center, many at reduced prices.
	<u>Catalog Addendum</u> (produced every three months)	Free	

REFERENCES FOR THE SCHOOL HEALTH OFFICE

<u>DISTRIBUTOR</u>	<u>TITLE AND AUTHOR</u>	<u>PRICE</u>	<u>COMMENTS</u>
Addison-Wesley Publishing Company, Inc. 2725 Sand Hill Road Menlo Park, CA 94025	<u>Drugs: A Factual Account</u> (1980 Edition) by Daniel A. Girdano and Dorothy Dusek	\$9.95	Comprehensive reference work on commonly misused and abused drugs. Correlates with educational text used in curriculum: <u>Drug Educa- tion Content and Methods.</u>
Bantam Books School and College Marketing Division 2451 South Wolf Road Des Plains, IL 60018	<u>The Pill Book</u> by Harold M. Silverman, Pharm. D. and Gilbert I. Simon, D. Sc.	\$3.50	An illustrated guide to the most prescribed drugs in the U.S.
CompCare Publications 2415 Annapolis Lane, Suite 140 Minneapolis, MN 55441 Call Toll Free: 800/328-3330	"Adolescent Chemical Use Chart" by Dennis D. Nelson	\$1.00	Illustrates characteristic adolescent behavior as it relates to stages of sub- stance use.
Harper & Row Publishers 10 East 53rd Street New York, NY 10022	<u>The Essential Guide to Prescription Drugs</u> by James W. Long, M.D. (New and Revised Edition)	\$8.95	Well-organized, detailed refer- ence with glossary, tables and index to brand and generic name drugs.
Hazelden Educational Services Box 176 Center City, MN 55012	<u>Drug and Alcohol Emergencies</u> by Brent Q. Hafen, Ph.D. and Kathryn J. Frandsen	\$4.95	An overview of drugs likely to cause emergencies; signs, symptoms and treatment.
	<u>Drugs Interactions</u>	\$3.95	Originally printed in <u>RN Maga- zine</u> . Contains 16 quick- reference tables; discussion of the why and how of drug interactions and clues to adverse drug reactions.
Intervention Enterprises P.O. Box 84 New Concord, OH 43762	<u>The Book of Chemical Crisis</u> by Floyd Sours	\$7.95, plus \$1.50 for postage and handling	Directed at crisis workers, but contains much information of interest to general audiences.

REFERENCES FOR THE SCHOOL HEALTH OFFICE, CONT'D

<u>DISTRIBUTOR</u>	<u>TITLE AND AUTHOR</u>	<u>PRICE</u>	<u>COMMENTS</u>
Medical Economics Book Div. Box 157 Florence, KY 41042	<u>Drug Identification Guide from Physician's Desk Reference (Sixth Edition, 1980)</u>	\$6.95	Quick reference guide using color photos; contains direc- tory of poison control centers.
Pantheon Books Division of Random House, Inc. 201 East 50th Street New York, NY 10022	<u>The Medicine Show by the Editors of Consumer Reports Books (1980 Revision)</u>	\$5.95	Consumers Union's guide to everyday health problems and products.
Pacific Institute for Research and Evaluation Suite 1006 7101 Wisconsin Avenue Bethesda, MD 20014	"How to Talk to Kids About Drugs" by Suzanne Fornaciari	\$2.50	A practical guide to communi- cating with youngsters positively.
PDR Physician's Desk Reference Box 58 Oradell, NJ 07649	<u>Physician's Desk Reference</u>	\$15.00, plus postage	Classical, comprehensive; up- dated annually.
Random House, Inc. 201 East 50th Street New York, NY 10022	<u>The American Medical Association's Handbook of First Aid and Emergency Care</u>	\$5.95	Easy reference guide with 8- page section on drug abuse.
U.S. Dept. of Justice Drug Enforcement Administration Washington, DC 20537	"Drugs of Abuse", reprinted from <u>Drug Enforcement</u>	Free	Color-illustrated categorical booklet with uses & effects chart.

REFERENCES FOR SCHOOL ADMINISTRATORS

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
Addison-Wesley Publishing Co., Inc. 2725 Sand Hill Road Menlo Park, CA 94025	<u>Drug Education: Content and Methods</u> (Third Edition) by Daniel A. Girdano and Dorothy Dusek	\$9.95	Includes section: Planning the Drug Education Program, as well as drugs and methods of presentation to students.
Allyn & Bacon, Inc. 470 Atlantic Avenue Boston, MA 02210	<u>Building Effective Home-School Relationships</u> by Ira J. Gordon and William F. Breivogel	\$16.95	A practical guide for achieving a partnership between home and school. Suggests the use of Home Visitors as catalysts for parent involvement.
Hazelden Literature Box 176 Center City, MN 55012	<u>Harmfully Involved</u> by William O. Manning and Jean Vinton	\$4.95	Discussion of what can be done to prevent drug abuse in the district.
Lyle Stuart, Inc. 120 Enterprise Ave. Secaucus, NJ 07094	<u>Drugs Don't Take People, People Take Drugs</u> by Eugene H. Kaplan, M.D. and Herbert Wieder, M.D.	\$8.00	A discussion of the causes of drug abuse, myths and misunderstandings and the ineffectiveness of treatment.
The C.V. Mosby Co. 11830 Westline Industrial Dr. St. Louis, MO 63141	<u>Drugs in the Classroom. A Conceptual Model for School Programs</u> by Harold J. Cornacchia, Ed.D. et.al.	\$13.95	Includes statistics; psychosocial factors; pharmacological aspects, role of the community; drug education; services; school atmosphere; coordination; evaluation.
	<u>Drugs, Society and Human Behavior</u> by Oakley Ray (Second Edition)	\$14.50 (1981) price)	Comprehensive textbook; recommended for those who wish to acquire some basic knowledge about drugs and drug issues.
Superintendent of Documents U.S. Government Printing Office Washington, DC 20402	"Beyond the Three R's: Training Teachers for Affective Education" (SN 017-024-00459-6)	\$1.10	Guidelines for training teachers in methods for effective drug education.
	"Doing Drug Education: The Role of the School Teacher" (SN 017-024-00460-0)	\$.80	Issues; student needs; enabling objectives for teacher attitudes, skills and knowledge.

MATERIALS OF SPECIAL INTEREST TO MINORITY GROUPS

DISTRIBUTOR	TITLE & AUTHOR	LEVEL	PRICE (1980)	COMMENTS
American Indian Historical Society 1451 Masonic Avenue San Francisco, CA 94117	<u>The Weewish Tree: A Magazine of Indian America for Young People</u>	Elementary - Middle	\$6.50/yr (6 issues); bulk rates	Attractive, illustrated 2-color booklet with stories and facts for Native American children of all tribes.
Avon Books Sixth Floor 250 West 55th Street New York, NY 10019	<u>The Me Nobody Knows: Children's Voices from the Ghetto</u> ed. by Stephen Joseph	Junior High - Adult	\$1.75	Poetry, letters and thoughts of ghetto school children.
B. L. Winch & Associates 45 Hitching Post Dr., Bldg. 2 Rolling Hills Estates, CA 90274	<u>The Value of Responsibility: The Story of Ralph Bunche</u> by Ann Donegan Johnson	Grades 2-5	\$6.95	Color-illustrated story book- style biography of a remark- able man whose willingness to take responsibility, beginning as a child, took him far.
Bureau of Mass Communications Cultural Education Center Empire State Plaza Albany, NY 12230	<u>The First Americans</u>	Junior - Senior High	Free on school videotape	Videotape series for Native Americans. Tapes 8 & 9 deal with alcohol and drug abuse.
Charles E. Merrill Pub. Co. 1300 Alum Creek Drive Chapel Hill, NC 27514	<u>Teaching Children of Different Cultures in the Classroom: A Language Approach</u> by Arnold Cheyney	Teachers	\$7.95	For elementary classrooms.
Do It Now Foundation P.O. Box 5115 Phoenix, AZ 85010	Many pamphlets available in Spanish. (Examples: "PCP;" "Alcohol/Drug Combinations;" "Substance use and Safety")	Senior High - Adult	\$1.15 each	Some of these are suggested as resources in the curric- ulum.
Harcourt Brace Jovanovich 757 Third Avenue New York, NY 10017	<u>Eliza's Daddy</u> by Ianthe Thomas (A Let Me Read book)	Grades 1-3	\$1.65	Story about a Black American child who learns her divorced parents still love her.
Howard University Press 2900 Van Ness Street, N.W. Washington, DC 20008	Catalog of publications relating to Black American history and culture.	Senior High - Adult	Free	Some titles would be appropri- ate acquisitions for high school libraries.

MATERIALS OF SPECIAL INTEREST TO MINORITY GROUPS, CONT'D

DISTRIBUTOR	TITLE & AUTHOR	LEVEL	PRICE (1980)	COMMENTS
Lollipop Power Inc. P.O. Box 1171 Chapel Hill, NC 27514	<u>Los Adultos Tambien Lloran</u> (Grownups Cry Too) by Nancy Hazen	All Ages	\$1.85	Illustrated story about feeling grief and anger.
National Foundation/March of Dimes Box 2000 White Plains, NY 10602	<u>Tenga Buen Cuidado de</u> <u>SuBebe Antes Que Nazca</u>	Pregnant Women	Free	Information regarding drug use during pregnancy.
National Institute on Drug Abuse 5600 Fishers Lane Rockville, MD 20857	<u>Drug Abuse Prevention Films:</u> <u>A Multicultural Film Catalog.</u> DHEW Pub. No. (ADM) 79-791	Teachers	Free	Summaries of recommended films for use with Asian/ Pacific Islanders, Blacks, Mexican Americans, Puerto Ricans and Native Americans.
Pocket Books 1230 Avenue of the Americas New York, NY 10020	<u>Black Child Care: How To Bring</u> <u>Up A Healthy Black Child in</u> <u>America</u> by James P. Comer, M.D., and Alvin F. Poussaint, M.D.	Parents and Teachers	\$2.50	A comprehensive guide, organized by age levels. Question and answer format.
Superintendent of Documents U.S. Government Printing Office Washington, DC 20402	<u>Can Drug Abuse Be Prevented in</u> <u>the Black Community?</u> (SN 017-024-00534-3)	Adults	\$1.30	Illustrated booklet can be used to promote discussion.
	<u>Come Closer Around the Fire.</u> <u>Using Tribal Legends, Myths and</u> <u>Stories in Preventing Drug Abuse.</u> (SN 017-024-00821-4)	Teachers	\$1.50	For all ages. Includes a bibliography and lists of additional resources for Native Americans.
	<u>Growing Up and Feeling Powerful</u> <u>As An American Indian</u> (SN 017-024-00827-3)	Grades 4-6	\$1.20	Illustrated poems that pro- mote identity and a positive self-image among American Indian Children.
Vintage Books Division of Random House Education Department LHS 201 East 50th Street New York, NY 10022	<u>The Death and Rebirth of the</u> <u>Seneca</u> by Anthony F. C. Wallace	Senior High- Adult	\$5.95	The history, ethnology, psy- chology and renaissance of a proud tribe of American Indians of the Iroquois Nation.

SELECTED MATERIALS FOR PARENT EDUCATION PROGRAMS OR PARENT USE

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
APOD Publications 1210 Brommer Street Santa Cruz, CA 95062	<u>Raising Children's Self-Esteem</u>	\$3.00	Handbooks that can be used individually or with groups. For complete program, combine with teacher resource, <u>The Four Conditions of Self-Esteem</u> . Set of all four books available for \$10.95.
	<u>Setting Limits and Rules for Children</u>	\$3.00	
	<u>Teaching Children to Be Responsible</u> by Harris Clemes, Ph.D. and Reynold Bean, Ed.M.	\$3.00	
Avon Books Sixth Floor 250 West 55th Street New York, NY 10019	<u>Between Parent and Child</u>	\$2.50	Classics in adult-child communications, these three books offer discussions of dialogues and guidance for improving effectiveness and understanding.
	<u>Between Parent and Teenager</u>	\$2.50	
	<u>Teacher & Child. A Book for Parents and Teachers.</u> By Dr. Haim G. Ginott	\$2.50	
Bantam Books, Inc. 666 Fifth Avenue New York, NY 10019	<u>The Parents Book About Divorce</u> by Richard A. Gardner, M.D.	\$2.95	Comprehensive and constructive, practical guide to helping children survive the emotional trauma of divorce.
Beacon Press, Inc. 25 Beacon Street Boston, MA 02108	<u>Talking About Death</u>	\$3.95	Illustrated dialogues between parent and child, including a parent's guide for use.
	<u>Talking About Divorce and Separation</u> by Earl A. Grollman	\$3.95	
Blue Cross/Blue Shield (See NYSED's Annotated Resource Guide for regional office.)	"Childhood"	Free	Attractive, full color-illustrated booklets.
	"Drug Abuse: Drugs in A Chemical Dependent Society"		
Channing L. Bete Co., Inc. 45 Federal Street Greenfield, MA 01301	"About Your Child's Emotional Health"	\$.75 each; bulk rates	Practical, scriptographic booklets for low reading level audiences.
	"Understanding Adolescence"		
	"What Every Parent Should Know About Drugs and Drug Abuse"		

SELECTED MATERIALS FOR PARENT EDUCATION PROGRAMS OR PARENT USE, CONT'D

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
CompCare Publications 2415 Annapolis Lane Suite 140 Minneapolis, MN 55441	<u>If Only My Family Understood Me</u> by Don Wegscheider	\$4.95	A practical guide for all family members to provide perspective and improve family dynamics.
	<u>I Never Saw the Sun Rise</u> by Joan Donlan	\$5.95	Private journal of a chemically dependent teenager from experimentation through rehabilitation. An enlightening, emotional true story.
	<u>Just So It's Healthy</u> by Lucy Barry Robe	\$2.75	Guide to alcohol and drug use during pregnancy.
Contemporary Books, Inc. 180 North Michigan Avenue Chicago, IL 60601	<u>Family Council. The Dreikurs Technique for Putting An End to War Between Parents and Children (and Between Children and Children)</u> by Dr. Rudolf Dreikurs et. al.	\$5.95	A guide to setting up, maintaining and operating a Family Council in the home as a problem-solving method.
Do It Now Foundation P.O. Box 5115 Phoenix, AZ 85010	<u>Drug Abuse: A Realistic Primer for Parents.</u> (1980 Edition)	\$.50 bulk rates	Information about drugs and about why children use drugs written for "parents who aren't sure of what drugs are all about."
Doubleday & Co., Inc. School and Library Dept. 501 Franklin Avenue Garden City, NY 11530	<u>Your Child's Self-Esteem</u> by Dorothy Corkille Briggs (Dolphin Books)	\$3.95 (paperback edition)	Step-by-step guidelines for raising responsible, productive, happy children.
Essence Publications 168 Woodbridge Avenue Highland Park, NJ 08904	<u>Parents and Problems</u> by Fred Streit, Ed.D. Pamphlet series. Some titles: "Do My Parents Love Me?" "Do My Parents Understand Me?" "Why Can't I Do It My Way?" "But They're My Friends"	\$1.00 for series (6 pamphlets; bulk rates)	A research-based approach for the prevention of alcohol and drug abuse, delinquency and similar problems among adolescents.

SELECTED MATERIALS FOR PARENT EDUCATION PROGRAMS OR PARENT USE, CONT'D

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
Follett Publishing Co. 1010 West Washington Blvd. Chicago, IL 60607	<u>Survival Handbook for Preschool Mothers (Revised & Expanded)</u> by Helen Wheeler Smith	\$2.95	Easy reference and reading for both mothers and fathers.
Hawthorn Books 2 Park Avenue New York, NY 10016	<u>A Parents' Guide to Child Discipline</u> by Rudolf Dreikurs, M.D.	\$3.95	Step-by-step guide to child rearing. Stresses logical consequences method of conflict resolution.
	<u>Child Safety Is No Accident</u> by Jay M. Arena, M.D. and Miriam Bachar, M.S.	\$5.95 (paperbook edition)	A comprehensive handbook for the layman on prevention and handling of household emergencies.
Hazelden Educational Services Box 176 Center City, MN 55012	"Points for Parents Perplexed About Drugs" by David C. Hancock	\$.60	Advice, discussion questions and suggested reading.
	<u>But I Didn't Make Any Noise About It</u> by Cindy Lewis-Steere	\$1.95	A mother's story of recognizing and getting help for her son's drug dependency.
Impact Publishers P.O. Box 1094 San Luis Obispo, CA 93406	<u>Surviving With Kids: A Lifeline for Overwhelmed Parents</u> by Wayne Bartz, Ph.D. and Richard Rasor, Ed.D.	\$4.95	Thirty principles clearly explained. Includes comic strip illustrations of negative and positive approaches to situations.
McGraw-Hill Book Company 1221 Avenue of the Americas New York, NY 10020	<u>Helping Your Child Learn Right from Wrong. A Guide to Values Clarification</u> by Dr. Sidney B. Simon & Sally Wendkos Olds	\$2.95	Provides 27 strategies to improve parent-child understanding and relationships.
NEA Distribution Center The Academic Building Saw Mill Road West Haven, CT 06516	Public Information Leaflet Assortment (5100-26)	\$3.75 pkg. of 25	For distribution to parents, boards of education, PTA's, other community groups.
New American Library, Inc. 120 Woodbine Street Bergenfield, NJ 07621	<u>The Half-Parent</u> by Brenda Maddox	\$1.95	A guide to more satisfying stepparent-stepchild relationships.
	<u>How to Parent</u> by Dr. Fitzhugh Dodson	\$2.50	Comprehensive guide; includes extensive appendices on toys and books suitable for children.

SELECTED MATERIALS FOR PARENT EDUCATION PROGRAMS OR PARENT USE, CONT'D

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
New American Library, Inc. 120 Woodbine Street Bergenfield, NJ 07621	<u>Parent Effectiveness Training</u> by Dr. Thomas Gordon (Plume Books)	\$5.95	Classic reference for raising responsible children.
New York Times Book Co., Inc. Three Park Avenue New York, NY 10016	<u>Voices</u> by Beatrice M. Sparks	\$7.95	Four troubled teenagers tell their own stories in interviews with a counselor.
Pacific Institute for Research and Evaluation 7101 Wisconsin Avenue Bethesda, MD 20014	<u>How to Talk to Kids About Drugs</u> by Suzanne Fornaciari	\$2.50	Booklet that could be titled "How to Talk to Kids." A six-step method is provided.
Psych/Graphic Publishers Box 28027 San Diego, CA 92128	<u>The Parent Book. The Holistic Program for Raising the Emotionally Mature Child</u> by Harold Bessell, Ph.D. and Thomas Kelley, Jr.	\$10.00	A source book of methods and dialogues with a bibliography of suggested children's literature.
Public Affairs Committee, Inc. 381 Park Avenue South New York, NY 10016	"Helping Children Face Crises" "Runaway Teenagers"	\$.50 each bulk rates	Public Affairs Pamphlets: other titles available.
G.P. Putnam's Sons	<u>Self-Esteem. The Key to Your Child's Well-Being</u> by Harris Clemes and Reynold Bean	\$12.95	Outlines the Four Conditions of Self-Esteem and provides a framework for parents to understand self-esteem, perceive where it needs improvement and foster its growth. Specific, practical and readable.
Simon & Schuster Building Rockefeller Center 1230 Avenue of the Americas New York, NY 10020	<u>The Emergency Book</u> by Bradley Smith and Gus Stevens	\$4.95	Life-saving techniques everyone should know illustrated with photographs. Chapters on poisoning and drug overdose.

SELECTED MATERIALS FOR PARENT EDUCATION PROGRAMS OR PARENT USE, CONT'D

DISTRIBUTOR	TITLE & AUTHOR	PRICE(1980)	COMMENTS
Superintendent of Documents U.S. Government Printing Office Washington, DC 20402	"An Adolescent In Your Home" (SN 017-091-00202-9)	\$1.50	Discussion of problems faced by adolescents and their parents.
	"Child Development in the Home" (SN 017-091-00193-6)	\$1.50	Simple guidelines for raising preschool age children.
	"Drug Abuse Prevention for Your Family" (SN 017-024-00742-1)	\$1.30	Issues, information and resources for the layman.
	"For Parents Only: What You Need to Know About Marijuana" (SN 017-024-00973-3)	\$1.50	Suggest use be accompanied by appropriate awareness program.
	"Parents, Peers and Pot" (SN 017-024-00941-5)	\$3.50	A more comprehensive treatment than the above title.
	"A Woman's Choice: Deciding About Drugs" (SN 017-024-00867-2)	\$1.30	A lay guide to handling stress when drug use may add to the problem.
	"Why Young People Become Antisocial" (SN 017-024-00795-1)	\$.90	Discussion for increasing understanding of causes, prevention.
	"Yours, Mine & Ours: Tips for Stepparents" (SN 017-024-00833-8)	\$2.00	Steps to take before and after remarriage to ease family readjustment.
	<u>A Family Response to the Drug Problem: Handbook</u> (SN 017-024-00536-1)	\$1.50	Reference books for a parent program that combines chemical awareness with development of improved understanding and
B.L. Winch & Associates 45 Hitching Post Dr. Building 20 Rolling Hills Estates, CA 90274	<u>A Family Response to the Drug Problem: Group Facilitator Guidelines</u> (LSN 017-024-00537-1)	\$1.30	skills in communication.
	<u>A Kid's Guide to Understanding Parents</u> by Joy Wilt	\$5.25	Appropriate for parents to read together with children, ages 4-10. Addresses adopted, step- and foster, as well as biological, children.

COMMUNICATING WITH DOCTORS AND PHARMACISTS*

MEDICATIONS CAN BE VERY HELPFUL WHEN USED WISELY, BUT THEY CAN BE HARMFUL WHEN WE FAIL TO RESPECT THEIR POTENTIAL AND USE THEM CARELESSLY. EACH OF US HAS TO TAKE RESPONSIBILITY FOR OUR DRUG TAKING BY MAKING SURE WE GET THE INFORMATION NEEDED TO TAKE DRUGS CORRECTLY.

GETTING THE INFORMATION YOU NEED FROM DOCTORS

1. When the doctor prescribes a drug, make sure you understand -
 - . What the drug is for
 - . When and how to take it
 - . How long to take it
 - . Things to do or not do
2. Tell the doctor about all the drugs you're taking, including over-the-counter drugs like aspirin or antacids.
3. If you drink alcohol, find out if it is safe to do so while taking your drugs.
4. Ask your doctor about generic drug substitutes - they usually cost less and there may be an equivalent substitute.
5. Tell the doctor about any symptoms you may be experiencing, like headaches, dizziness, stomach upset or diarrhea. It is possible that these symptoms may be side effects caused by drugs you are taking.
6. Find out if you should continue taking the medication even if your illness seems to disappear, and for how long.
7. Make a list of any questions you have about the drugs you're taking, and bring it with you to the doctor.

*Adapted from "Communicating with Doctors and Pharmacists," New York State Committee on Prescription Drug Misuse

GETTING THE INFORMATION YOU NEED FROM PHARMACISTS

1. Compare prices. Different pharmacies may have higher prices on some drugs, lower prices on others.
2. Ask the pharmacist to help you select over-the-counter drugs that won't interfere with the prescription drugs you're taking.
3. Ask the pharmacist:
 - . If your medicine should be taken with or immediately after meals, or on an empty stomach.
 - . If there are any foods you should avoid eating or drinking while you are using a medication.
 - . If the drug is apt to make you less alert or sleepy, thus limiting activities you can perform safely (such as driving a car or operating power tools).
4. Ask the pharmacist any other questions you may have about the drug prescribed for you or about other medications you are using.
5. Make certain you can read and understand the label on a prescription or OTC drug you have purchased before you leave the pharmacy.
6. If possible, select a pharmacy that uses a patient-profile system (a record of the drugs prescribed for you).

POSSIBLE SIGNS OF DRUG MISUSE OR ABUSE

Since adolescents go through many changes in appearance, behavior and habits, caution should be taken in concluding that behavior signs within the normal range of variability indicate drug involvement. Certainly no one or two signs should be considered to indicate that substance abuse is the cause. If enough evidence accumulates to cause you to suspect a youngster is drug-involved, using a calm, non-threatening approach that communicates a willingness to listen and provide help where desired provides an atmosphere in which a drug-involved person may perceive s/he has the support necessary to seek help.

GENERAL BEHAVIORAL SIGNS

- . A preference for the company of others who are known drug abusers
- . Repeated appearance in odd places without known reason (e.g., closets, basements, dark hallways), where drugs can be used privately
- . Unusually secretive behavior regarding activities and possessions
- . Withdrawal from responsibility
- . Increasing irritability, showing unusual outbursts of temper
- . Stealing items from home, school, merchants, employers, for sale to others
- . Repeated borrowing of money from family members or friends
- . Changes in school or work attendance, grades, productivity, discipline
- . Loss of interest in previously enjoyed activities, hobbies, friends
- . Inappropriate and unexplained wearing of sunglasses accompanied by a reluctance to have the eyes seen (may be to hide constricted or dilated pupils, but also may simply be a fad, modeling behavior or self-consciousness about appearance)
- . Loss of interest in physical appearance (but this may also indicate depression)
- . General changes in overall attitude, with no other identifiable cause

SIGNS RELATED TO THE USE OF SPECIFIC DRUGSGlues, Aerosols, Vapors

- . Unusual eye watering, nasal secretions
- . Drowsiness (to unconsciousness)
- . Poor muscular control
- . Odor of substance on breath, body, clothes
- . Paraphernalia: plastic or paper bags or rags, dry plastic cement or other solvents

Narcotics

- . Injection scars (usually on arms)
- . Constricted pupils that do not respond to light
- . Traces of white powder around nostrils
- . Frequent drowsiness, lethargy
- . Paraphernalia: syringes, bent spoons, eye droppers, rubber tubing, bottle caps

POSSIBLE SIGNS OF DRUG MISUSE OR ABUSE, CONT'D

Stimulants (Amphetamines, Speed, Cocaine)

- . Excessive activity, irritability, anxiety (user has difficulty sitting still)
- . May go for long periods without eating or sleeping
- . Excessive dryness of mouth and nose (this may also be caused by tension, however)
- . Dilated pupils (with large doses)
- . Chronically raw nasal membranes (cocaine)

Depressants (Barbiturates, Tranquilizers)

- . Symptoms of alcohol intoxication without odor of alcohol on breath
- . Disorientation, drowsiness, reduced coordination
- . Reduced or unusual lack of interest in school and family activities, accompanied by withdrawal into self

Marijuana

- . Odor of burning rope
- . Redness of eyes; may be dilated pupils
- . Animated, loud talking with inappropriate laughter (early intoxication stage)
- . Stuporous (late intoxication stage)
- . Paraphernalia, e.g. remnants of marijuana "joints," seeds in pocket linings

Hallucinogens (PCP, Mescaline, LSD)

- . Erratic and exaggerated expressions of fear, terror
- . Distorted perceptions of time, images, sound, touch
- . Extremely unpredictable, irrational, uncontrolled mood and behavior changes

EVALUATION FORM*

1. Activities My Students Liked Best (Title and Page No.): _____

2. Activities My Students Found Uncomfortable: _____

3. Activities I Thought Were Best: _____

4. Activities I Would Not Use (Why?): _____

5. Information That Was Most Helpful: _____

6. Sections I Did Not Use: _____

7. Errors That Should Be Corrected (Page No?): _____

8. Things That Should Be Added: _____

9. How Does This Curriculum Compare With Others You Have Used? (Circle One)
Best Better Than Most About Average Below Average Worst
10. Other Comments: _____

*When you have completed your Drug Education Unit, please fill in this form, fold, tape or staple, and mail to the Bureau of Drug Education. We look forward to receiving your input.

New York State Education Department
Bureau of Drug Education
Albany, NY 12234

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